

EMPLOYMENT APPLICATION FORM

CompuWizards, Inc. 9555 N. Kendall Dr. Suite #209 Miami, FL 33176 - PH 305-598-8850 FAX 305-598-8895

Date of Application:	Position Applying for:	Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
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PERSONAL INFORMATION

Name (First, Middle Initial, Last)	Home Phone	Mobile Phone	E-Mail Address
Mailing Address	City	State	Zip
Are you a <u>Citizen</u> or a <u>Resident Alien</u> , and can provide proof that you are eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you learn about this position?			

EDUCATION INFORMATION

Did you graduate from High School or receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SCHOOL OR INSTITUTION NAME	Did you graduate?	Diploma or Degree Earned?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Education/Training/Skills:	Computer Skills (Hardware & Software)	

EMPLOYMENT HISTORY

Last Previous Employer:			Position:	Reason for Leaving?
From:	To:	Salary	Telephone	Supervisor's Name

POSITION DETAILS [OFFICE USE ONLY]

Starting Salary:	Position Max Salary:	Salary Increase Date:	Overtime Pay:
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I certify all information contained in this application is correct to the best of knowledge. By signing this application I authorize CompuWizards, Inc. to investigate statements made on this application.

X _____
Applicant's Signature

Date