



OLD PORT  
**SPECIALTY TILE CO**  
A DIVISION OF CAPOZZA TILE CO., INC

**Application for Employment**

First Name	Date
Last Name	
Street Address	Cell number ( )
City State	Email
Zip	
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what hours can you work?
Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied for a position with us prior to today? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Desired	Pay Expected
Are you legally eligible for employment in the United States?	When will you be available to begin work?
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe in full.	



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What is the highest level of education you have completed?

- High School / GED
- Some College
- College
- Graduate

**RECENT EMPLOYMENT HISTORY**

Company Name	Telephone ( )
Address	Employed - (Month/Year) From: To:
Name of Supervisor	Weekly Pay: Start: Last:
Job Title and Description of Job Duties:	Reason for Leaving:
Company Name	Telephone ( )
Address	Employed - (Month/Year) From: To:
Name of Supervisor	Weekly Pay: Start: Last:
Job Title and Description of Job Duties:	Reason for Leaving:
We may contact the employers listed above unless you indicate those you do not want us to contact.	<input type="checkbox"/> Check here if you prefer we do not contact your employer  Employer name and reason:

Referred by: \_\_\_\_\_