JOB APPLICATION

FDL Investments, dba A Little Off The Top 6551 Industrial Ave., Port Richey, FL 34668

FDL Investments, dba A Little Off The Top (ALOTT) is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below: **Applicant Information** Date of Application: Applicant Name: Address: City, State and Zip Code: Telephone Number: **Email Address: Employment Position** Position(s) applying for: (full time) (part time) How did you hear about this position? What days are you available for work? What hours or shift are you available for work? If needed, are you available to work over time? On what date can you start working if you are hired? Do you have reliable transportation to and from work? Salary desired: **Personal Information** Have you ever applied to or worked for FDL Investments, dba A Little Off The Top before? Yes No If yes, when? Do you have any friends, relatives or acquaintances working for FDL Investments, dba A Little Off Yes No The Top? If yes, state name & relationship:

Are you 18 years of age or older?			Yes	No
Are you a U.S. citizen or approved to v	work in the United States?		Yes	No
What documents can you provide as proof of citizenship or legal status?				
Do you have a valid Florida Driver's License? Will you consent to a mandatory controlled substance test? Have you ever been convicted of a criminal offense (felony or misdemeanor)?			Yes	No
			Yes Yes	No
				No
If yes, please state the nature of the c	rime(s), when and where convicted and d	isposition of the case	e.	
• • •	solely on the grounds of conviction of a criminal off			
to the positon(s) applied for may, however, be	•	ig circumstances and the	relevance or i	.ile ollerise
, , , , ,	,			
lob Skills/ Qualifications				
Please list below the skills and qualific	ations you possess for the position for wh	nich you are applying	,·-	
All FRI L L L II ALOTT	711 11 ADA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.0. 0.4		
·	with the ADA and considers reasonable accommod	dation measures that may	be necessary	/ for
eligible applicants/employees to perform essen	itial functions.			
decation and Tusining				
Education and Training				
High School				
	Location (City, State)	Year Graduated	Degree I	Earned
College/University				
	Location (City, State)	Year Graduated	Degree I	Earned
Vocational School/Specialized Trainin	ng.			
Vocational School/Specialized Training	Location (City, State)	Year Graduated	Degree I	 Farned
		- rear Graduced	208.00	
<u> Military:</u>				
Are you a member of the Armed Servi	ces?			
Which branch of the military?				
What was your military rank when dis	_			
How many years did you serve in the i	•			
What military skills do you possess that	at would be an asset for this organization	?		

Previous Employment Employer Name: Job Title: Supervisor Name: **Employer Address:** Employer Telephone: Rate of Pay Dates Employed: Reason for leaving **Employer Name:** Job Title: Supervisor Name: **Employer Address:** Employer Telephone: Rate of Pay _____ Dates Employed: Reason for leaving **Employer Name:** Job Title: Supervisor Name: Employer Address: Employer Telephone: Rate of Pay _____ Dates Employed: Reason for leaving **References** Please provide 3 personal or professional references below: Relationship **Contact Information** Reference Name

Emergency Contacts

Please provide 2 Emergency Contacts:

Reference Name	Relationship	Contact Information

Additional Information:

Affidavit: I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge. I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements. I agree that if I am employed I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to the company policy, are a condition of employment. Refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of the Company.

AT-WILL EMPLOYMENT

The relationship between you and the FDL Investments, dba ALOTT is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the FDL Investments, dba ALOTT. No representative of FDL Investments, dba ALOTT has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature	Dated: