



M.A.D.E., Inc.
Make Adjustments Delete Excuses
3647 Fred George Court
Tallahassee, Florida 32303

Greetings,

Welcome to M.A.D.E. (Make Adjustments Delete Excuses Incorporated). We want to take the time to say we are grateful for your interest in becoming a part of our staff. Please take time to complete the forms below. Once you have filled out each form, please keep a copy for yourself, and then email us a copy at made2enhance@gmail.com. We will contact you within one business week to discuss your interview opportunities. Thanks again!

Sincerely,

A handwritten signature in black ink, appearing to read 'A. [unclear]', is written over a horizontal line.

M.A.D.E. (Make Adjustments Delete Excuses Incorporated)

JOB APPLICATION FORM

APPLICANT SECTION

Position applied for:

Personal details

Given name:

Family name:

Preferred name:

Address:

Telephone Daytime:

Mobile:

Email:

Current qualifications

Qualification title	Institution/training provider	Year completed

Are you currently undertaking study/training?
(tick one)

Yes

No

If yes, course/program name:

(tick one) Full time Part time Distance Other

Previous employment (most recent first)

Employer name/ establishment	Dates from/to	Position held	Reason for leaving	Office use check initial/date

Do you agree to have referees contacted in relation
to this application? (tick one)

Yes

No

*(Reference checks will be conducted legally in an ethical manner and all
information derived will remain confidential.)*

Please provide details of three people who can speak on your behalf regarding your work history.

Name	Contact No.	Position held/working relationship (eg supervisor)	Office use check initial/date

What type of work are you available for? (tick one) Full time Part time Casual

When will you be available for work?

Please provide any other information that you identify as being pertinent to this application (eg medical conditions, disabilities)

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organization. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Signed: _____ Date: _____

EMPLOYER SECTION

Confidential – reference checks *For office use only*

Reference name	Comments	Would re-employ?		Initial	Date
		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Action

Interview arranged for:

Offer of employment made

Position:

Letter of advice sent:

By:

Letter of appointment signed:

By:

Induction due on:

Payroll details entered:

By:

Probationary period expires on:

Notes

Application unsuccessful

Letter of advice sent:

By:

Application to be destroyed on:

Notes

Consent to Perform Criminal & Credit History / Background Checks
In Compliance with the FCRA (Fair Credit Reporting Act)

Last Name: _____ First Name: _____ Middle Name/Initial: _____

Maiden or other name(s) used in any and all other records of birth or records of residence.

*Address: _____ Apartment or #: _____

City: _____ County: _____ State: _____ Zip: _____

**Date of Birth: _____ Social Security Number _____ **Gender: _____ **Race: _____

*AS SHOWN ON THE ORIGINAL APPLICATION

**TO BE USED FOR CRIMINAL & CREDIT HISTORY CHECKS ONLY AND NOT A PART OF THE PERSONNEL FILE.

I, _____, am an applicant for employment / volunteerism with Company and have been advised that as a part of the application process, the company conducts a criminal and credit history background check. I do hereby consent to the company use of any information provided during the application process in performing the criminal and credit history check. The company has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment / volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the company. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any).

1. ___Yes___No Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors). If yes, please provide details below.

State: _____ County: _____ Date of Offense: ___/___/___

Details of Conviction:

2. ___Yes___No Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: ___/___/___

Details of Conviction:

3. ___Yes___No Have you ever received probation or community supervision for any federal, state or municipal offense?

State: _____ County: _____ Date of Offense: ___/___/___

Details of Conviction:

Applicant Signature

Date

Medical History Form

Name: _____ Date: _____

Telephone: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

In Case of Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Physician: _____ Specialty: _____

Address: _____ Phone: _____

Are you currently under a doctor's care: Yes No

If yes, explain: _____

When was the last time you had a physical examination? _____

Have you ever had an exercise stress test: Yes No Don't Know

If yes, were the results: Normal Abnormal

Do you take any medications on a regular basis? Yes No

If yes, please list medications and reasons for taking: _____

Have you been recently hospitalized? Yes No

If yes, explain: _____

Do you smoke? Yes No

Are you pregnant? Yes No

Do you drink alcohol more than three times/week? Yes No

Is your stress level high? Yes No

Are you moderately active on most days of the week? Yes No

Do you have:

High blood pressure? Yes No

High cholesterol? Yes No

Diabetes? Yes No

Have parents or siblings who, prior to age 55 had:

A heart attack? Yes No

A stroke? Yes No

High blood pressure? Yes No

High cholesterol? Yes No

Known heart disease? Yes No

Rheumatic heart disease? Yes No

A heart murmur? Yes No

Chest pain with exertion? Yes No

Irregular heart beat or palpitations? Yes No

Lightheadedness or do you faint? Yes No

Unusual shortness of breath? Yes No

Cramping pains in legs or feet? Yes No

Emphysema? Yes No

Other metabolic disorders (thyroid, kidney, etc.)? Yes No

Epilepsy? Yes No

Asthma? Yes No

Back pain: upper, middle, lower? Yes No

Other joint pain (explain on back of form)? Yes No

Muscle pain, an injury, or allergies (explain)?

Yes No

To the best of my knowledge, the above information is true.

Signature _____

Date _____ Witness _____

Exercise Questionnaire

1. Do you exercise or play a sport for at least thirty minutes three or more time a week?
2. Do you warm up and cool down by stretching before and after exercising?
3. Do you fall into the appropriate weight category for someone your height and gender?
4. In general, are you pleased with the condition of your body?
5. Are you satisfied with your current level of energy?
6. Do you use the stairs rather than escalators of elevators whenever possible?

Diet Questionnaire

1. Do you drink enough fluids so that your urine is a pale yellow color?

Yes No

2. Do you try special or fad diets?

Yes No

3. Do you add salt to foods during cooking at the table?

Yes No

4. Do you minimize your intake of sweets, especially candy and soft drinks, and avoid adding sugar to foods?

Yes No

5. Is your diet well-balanced (including vegetables, fruits, breads, cereals, dairy products, and adequate sources of protein)?

Yes No

6. Do you limit your intake of saturated fats (butter, cheese, cream, fatty meats)?

Yes No

7. Do you limit your intake of cholesterol (eggs, liver, meats)?

Yes No

8. Do you eat fish and poultry more often than red meats?

Yes No

9. Do you eat high-fiber foods (vegetables, fruits, whole grains) several times a day?

Yes No