



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS : ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. PLEASE PRINT. PRINT N/A IN ANY SPACE THAT DOES NOT APPLY TO YOU. INCOMPLETE APPLICATIONS OR APPLICATIONS PROVIDING ADDITIONAL NON-REQUESTED INFORMATION ARE CONSIDERD WITHDRAWN.

Position applied for _____ Date _____

NAME _____ PHONE (____) _____
Last First MI

ADDRESS _____
STREET/APT City/State/Zip How Long?

PREVIOUS ADDRESS _____
STREET/APT City/State/Zip How Long?

Email: _____ Other Phone(s): (____) _____ (____) _____

SSI # ____/____/____ Driver's License _____ State _____

Are you 18 years of age or older? Yes No What are your salary requirements? _____

Do you have reliable transportation? Yes No

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain:

Have you completed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, what position and when

Are there any hours, shifts, or days that you cannot work? Yes No If yes, explain _____

How did you hear about this position? _____

LIST ANY JOB RELATED SKILLS OR QUALIFICATIONS THAT SUPPORT YOUR APPLICATION:

EDUCATION				
LEVEL	NAME	MAJOR	Highest Grade Completed	Degree/Diploma/GED
HIGH SCHOOL				
COLLEGE				
OTHER				

PERSONAL REFERENCES (Do not list relatives or previous employers)				
Name	Address	Phone #	Occupation	Years Known
1.				
2.				
3.				

APPLICANT NAME _____

WORK EXPERIENCE / EMPLOYMENT					
DATES EMPLOYED MO/YR – MO/YR	COMPANY NAME & ADDRESS	PHONE #	POSITION / SUPERVISOR	REASON FOR LEAVING	START & END SALARY
1.					
2.					
3.					
4.					

May we contact your present employer? Yes No

JOB APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION TO RELEASE EMPLOYEMENT REFERENCE INFORMATION

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I give permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I release SFF, (South Florida Fair) and all former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this reference release, so that SFF can contact references and make a full background check of my previous work history will be deemed interference with and a withdrawal of my application for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in withdrawal or discharge. I understand also, that if I am employed I am required to abide by rules and regulations of the South Florida Fair & PBC Expo, Inc. The use of this application does not indicate there are positions open and does not in any way obligate SFF.

SIGNATURE OF APPLICANT _____
DATE

Thank you for completing this application form and for your interest in employment with us. Due to the volume of applications received, we may not interview every applicant. In the event you are selected for interview, we will contact you.

Applications will not be considered active after 90 days from the date of application, unless renewed, in writing, by the applicant at this location.



Employed: Y or N DOH: ___/___/___ POSITION: _____
 EVENT: SFF FN FAIR RATE: \$ _____ RCVD – W4: Y or N I9: Y or N
 SUPERVISOR SIGNATURE: _____

_____ **Equal Employment Opportunity Statement**

This company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color national origin, physical or mental disability, age or any other status protected by Federal, State, and local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company.

_____ **Discrimination and Sexual Harassment Policy Statement**

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, request for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

_____ **Disclosure to Applicants Concerning Drug/Alcohol Testing**

If you are offered a position with the Company, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing the testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative results are required as a condition of employment.

_____ **Complete and Accurate Information**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances of employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ **At-Will Employment**

I understand and agree that if I am employed; my employment will be "at-will" which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president.

_____ **Testing Authorization**

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment.

_____ **Investigation Authorization**

I authorize investigation into all statement and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background.

_____ **Company Obligation**

I understand and agree that the Company's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result accepting this completed application.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BOUND BY THEM IF EMPLOYED BY THE COMPANY.

SIGNATURE

DATE

Employed: Y or N DOH: ___/___/___ POSITION: _____

EVENT: SFF FN FAIR RATE: \$ _____ RCVD - W4: Y or N I9: Y or N

SUPERVISOR SIGNATURE: _____

