

THE FLORIDIAN CLUB, INC.

Employment Application

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Best Time to Call		
Social Security No.	Email Address		
Drivers License #	Issuing State	Expiration Date	
Professional License #	Type	Expiration Date	
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?
			YES
			NO
Have you previously applied/worked for this company?	YES	NO	If so, when?
Have you been convicted of a felony within the last 7 years?	YES	NO	If yes, explain
A conviction will not necessarily disqualify an applicant from employment.			
Are you 18 years of age or older?	YES	NO	
Do you have reliable means of transportation to enable you to get to work in a timely manner?	YES	NO	

Position Applied For	Full Time	Part Time
Salary or Hourly Rate Required	Date Available	
Are you willing to work weekends and holidays?	YES	NO
Are you willing to work overtime if required?	YES	NO
Do You have other employment?	What days and/or times are you available?	

I have been provided with a copy of the job description or informed about the specific functions of the job for which I have applied.

YES NO

If the answer to the above question is yes, are you able to perform these tasks with or without accommodation? (check one)

YES NO YES, with accommodation(s)

If you checked "yes with accommodations", how would you perform the task and with what accommodation?

EDUCATION						
High School			Location			
Did you graduate?			YES	NO		
College			Location			
From	To	Did you graduate?	YES	NO	Degree	If no, credits earned:
Other			Location			
From	To	Did you graduate?	YES	NO	Degree	If no, credits earned:
Did you work during your education program?		Are you currently continuing you education?			If yes, how?	
YES NO		YES NO			Average hours per week?	

REFERENCES	
<i>Please list three professional references. (If you are a student, list two professors.)</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PREVIOUS EMPLOYMENT (*LIST THE THREE MOST RECENT POSITIONS HELD*)

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

MILITARY SERVICE

Branch	From	To
Rank at Induction	Rank at Separation	

ACTIVITIES AND ACHIEVEMENTS**(You may exclude those which indicate race, color, religion, sex, marital status, age or national origin, handicapped or veteran status)**

Honors (Include societies and scholarships)

Publications

Professional and Technical Associations

Patents

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment, education or experience. Examples to include Safe Serve Certified, Responsible Vendor, etc.

APPLICANT'S STATEMENT AND SIGNATURE

I certify that facts set forth in this application are true and complete. I understand any misstatement or omission of material fact may result in refusal of employment or immediate dismissal, irrespective of how long I have been employed by The Floridian Club, Inc. or any of its subsidiaries or affiliates.

I hereby authorize investigation of all statements contained in this application and full disclosure of my work record, criminal record and credit history. I understand that this may include a record of disciplinary action assessed by The Floridian Club, Inc. or any of its subsidiaries and affiliates or previous employers and hereby waive any claims against The Floridian Club, Inc., its subsidiaries or affiliates or any prior employer from any obligation to provide me with written notification of such disclosure.

I understand that my employment or continued employment with The Floridian Club, Inc., or any of its subsidiaries and affiliates is contingent upon successful completion of a drug test as required by The Floridian Club, Inc. or any of its subsidiaries and affiliates. I consent to any future medical examinations that may be required by The Floridian Club, Inc. or any of its subsidiaries or affiliates.

In the event I am employed by The Floridian Club, Inc. or any of its subsidiaries or affiliates, I agree to comply with all rules, regulations and policies set forth by the Company.

I understand that if I am employed by The Floridian Club, Inc. or any of its subsidiaries or affiliates, my employment will be at will and may be terminated at any time by me or the Company, with or without cause or notice. I understand no person is authorized to make a commitment otherwise on behalf of The Floridian Club, Inc. or any of its subsidiaries or affiliates and no promise otherwise has been made to me.

I have read, understand and agree to the above statements and conditions of employment.

Signature

Date

EQUAL OPPORTUNITY EMPLOYMENT INFORMATION

The Floridian Club, Inc. is an equal opportunity employer that is committed to our equal employment program that includes the recruitment of females, minority group members, handicapped individuals, disabled veterans and veterans of the Vietnam Era in areas of work where they may be underutilized.

The information requested is needed to comply with government record keeping, reporting, and other legal requirements. Periodic reports are sent to the government.

The completion of this form is **voluntary** and **will not** be used in the evaluation of your application. The requested information is kept in a **confidential file** and is not part of your application for employment or personnel file.

Date			
Name			
Address			
City		State	
Zip			(Do Not Complete) EEO Job code:
Position Applying For:			
Please check one: Male Female		Date of Birth	
Please check one of the following:			
White Hispanic Black Other		American Indian/Alaskan Native Asian/Pacific Islander	
Please check if any are applicable:			
Vietnam Era Veteran Disabled Veteran Handicapped Individual			
How did you learn about us?			
AD Which paper? _____		Employment Agency Walk in	
College Posting Referred by _____		Online Other _____	
<u>For department use only</u>			
Division: _____		Open Position Yes No	