



**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT YOUR SIGNATURE**

**NOTICE TO APPLICANT AND
EMPLOYEES**

Screening tests for alcohol and illegal drug use may be required before hiring and/or during your employment.

PALM BEACH COUNTY SPORTS COMMISSION

An Equal Opportunity Employer

EMPLOYMENT APPLICATION

The Palm Beach County Sports Commission (PBCSC) is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, gender identity and/or expression, age, national origin, disability, genetics or veteran status and comply with all federal, state, and local laws and regulations. We assure you that your opportunity for employment with PBCSC depends solely on your qualifications for the position.

| GENERAL INFORMATION | | | |
|---|--|--|---|
| Name | Last: | First: | MI: |
| Address | Street: | City: | State: Zip Code: |
| How long at address listed above? _____ years _____ months | | Applying for what position? | |
| Telephone: _____ Email address: _____ | | Salary/Wage expected: | |
| Applying for: <input type="radio"/> full time <input type="radio"/> part time | | Are you willing to work any day(s), shift(s), including nights, weekends or overtime as assigned? <input type="radio"/> Yes <input type="radio"/> No | |
| Have you ever worked for the Palm Beach County Sports Commission <input type="radio"/> Yes <input type="radio"/> No If yes, explain. _____ | | | |
| Do you have relative and/or members of your household employed with the Palm Beach County Sports Commission If yes, explain. _____ | | | |
| Are you age 18 or older? | <input type="radio"/> Yes <input type="radio"/> No | Referral Source: | <input type="radio"/> Advertisement <input type="radio"/> Web Posting <input type="radio"/> Agency <input type="radio"/> School <input type="radio"/> Employee <input type="radio"/> Walk-in <input type="radio"/> Job Fair <input type="radio"/> Internal Employee <input type="radio"/> Other _____ |
| If not, do you have a work permit? | <input type="radio"/> Yes <input type="radio"/> No | | |
| If hired, can you provide proof that you are eligible to work in the United States? | <input type="radio"/> Yes <input type="radio"/> No | | |
| Have you ever been convicted of a criminal offense? | <input type="radio"/> Yes <input type="radio"/> No | (Record of charges or convictions do not necessarily disqualify applicant from employment consideration. record checks may be required as a condition of your employment.) | |
| Have you ever been convicted of a felony? Misdemeanor? | <input type="radio"/> Yes <input type="radio"/> No | | |
| Are there any pending charges pending against you? | <input type="radio"/> Yes <input type="radio"/> No | | |
| If yes to either question, provide details including nature of the crime, dates, and location: | | | |
| In order to verify your records, please list any other name(s) (e.g., maiden) by which you may have been known and relevant dates: | | | |
| EDUCATION & TRAINING INFORMATION | | | |
| | School/Location | Degree | Course/Major |
| High School: | | | |
| College(s): | | | |
| Graduate School: | | | |
| Business/Vocation: | | | |
| Apprentice training or other courses: | | | |
| LICENSES, CERTIFICATES, OR PROFESSIONAL MEMBERSHIPS: (Do not include your driver's license) | | | |

PALM BEACH COUNTY SPORTS COMMISSION

| EMPLOYMENT HISTORY (Please begin with your most recent employer. Attach additional sheets if necessary) | | |
|--|--|-------------------|
| 1. Employer: | Hire Date: | Termination Date: |
| Address: | Phone Number: () | |
| Your job title: | Supervisor: | |
| Starting Pay Rate: \$ Final Pay Rate: \$ | May we contact your employer? <input type="radio"/> Yes <input type="radio"/> No | |
| Describe work performed: | Reason for leaving: | |
| 2. Employer: | Hire Date: | Termination Date: |
| Address: | Phone Number: () | |
| Your job title: | Supervisor: | |
| Starting Pay Rate: \$ Final Pay Rate: \$ | May we contact your employer? <input type="radio"/> Yes <input type="radio"/> No | |
| Describe work performed: | Reason for leaving: | |
| 3. Employer: | Hire Date: | Termination Date: |
| Address: | Phone Number: () | |
| Your job title: | Supervisor: | |
| Starting Pay Rate: \$ Final Pay Rate: \$ | May we contact your employer? <input type="radio"/> Yes <input type="radio"/> No | |
| Describe work performed: | Reason for leaving: | |
| MILITARY INFORMATION | | |
| Service branch: | Final Rank: | Specialty: |
| Schools/special training received: | | |
| Current obligations: | | |
| CERTIFICATION & AGREEMENT | | |
| <p>I authorize the release to the Palm Beach County Sports Commission (PBCSC) (and/or any of its licensed agents) of information held by any parties regarding my previous employment, criminal history record and/or record of convictions in state and local files for violations of any federal, state/provincial (for Canada operations), local statutes or ordinances, military records, credit history, driving record and scholastic records and hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from any damage whatsoever for releasing this information.</p> <p>I certify that all the information I have provided on this application is true and accurate. I understand that misstatements, omissions, or false or misleading statements which I have provided on this application, on my resume and/or in interview(s) shall constitute grounds for refusal to hire or immediate termination from employment.</p> <p>I understand that the terms and conditions of employment may be changed at any time without notice by the company. In consideration of employment with the PBCSC, I agree to comply with all the policies, procedures and requirements of the PBCSC. I understand this application and/or any PBCSC policy, manual, handbook or other written document describing such items do not constitute a written contract at this time or in the future. I understand my employment would be at-will and that my employment could be terminated at any time by either party, with or without cause and with or without notice. Any modification of the at-will employment relationship, oral or written, can only be accomplished by a written document signed by Executive Director. I have read and understand the above.</p> | | |
| Applicant's Signature | Date | |

| |
|---|
| This employment application is current for sixty (60) days. If you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application. |
|---|

| APPLICANT SHOULD NOT WRITE BELOW THIS LINE | |
|---|-------|
| Interviewed by: | Date: |
| Recommended action: | |
| Interviewed by: | Date: |
| Recommended action: | |