Applicant Profile

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

PLEASE SUBMIT ALL COMPLETED APPLICATIONS TO jwalker@sjcfl.us

Contact Information	E' AN	NG	D .		
Last Name:					
Address:					
Primary Phone:					
Emergency Phone:					
Email Address:	nail Address:				_
Work Preferences Position(s) applied for or typ	e of work desired:	Date av	vailable to start	work:	
Personal Information Are you in the FRS retirement					
(*this employment will affect FRS retirement recipients)			Yes	No	
Have you ever been previously employed by our organization?			Yes	No	
Can you submit proof of legal employment authorization and identity?			Yes	No	
Are you at least 18 years old?			Yes	No	
Do you have reliable transportation?			Yes	No	
Do you have a valid Driver's License?			Yes	No	
Are you able to pass a Drug Test?			Yes	No	
If no, please explain or list P	hysician Prescribed Medicati	ions:			
Have you ever been convicted	ed of a felony, misdemeanor	or other offense	(other than any	sealed, expu	nged or statutorily
eradicated convictions or mi	nor traffic violations)?		Yes	_ No	
If yes, please explain (a conv	viction will not automatically	bar employme	nt):		
Have you ever committed an	offense involving dishonest	y, breach of trus	st or fraud?	Yes	No
How were you referred to us	Facebook, Newspaper, Flye	r ect.?			
Availability					
How many days a week can	you work? What days are yo	ou available to v	vork each dav?	*Must work a	at least 2-3 shifts a

How many days a week can you work? What days are you available to work each day? *Must work at least 2-3 shifts a week AM&PM

Monday	Wednesday	Friday	Sunday
AM or PM	AM or PM	AM or PM	AM or PM
Tuesday	Thursday	Saturday	
AM or PM	AM or PM	AM or PM	

Preferred Booth Locations Please List							
Education/ Work History							
High school/GED:	Graduate:	Yes	No				
College:		Yes					
Previous Employment Experience:							
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I hereby authorize the potential employer to contact, obtain, employers, educational institutions, and references. I also he gathering, and using such information to make employment	ereby release from liability the potential e	mployer and its repres	entatives for seeking,				
I understand that any misrepresentation or material omission application or immediate termination of employment if I am			ncellation of this				
If I am employed, I acknowledge that there is no specified le contract for employment. Accordingly, either I or the emplo there is no violation of applicable federal or state law.							
I understand that it is the policy of this organization not to re because of that persons need for a reasonable accommodation		ainst a qualified indivi	dual with a disability				
I also understand that if I am employed, I will be required to being hired. Failure to submit such proof within the required			tion within three days of				
I represent and warrant that I have read and fully conditions.	understand the foregoing, and tha	t I seek employme	ent under these				
Applicant signature:	Date:						