



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, religion, color, national origin, gender (including pregnancy, childbirth, or related medical conditions), sexual orientation, gender identity, gender expression, age, status as a protected veteran, status as an individual with a disability, or other applicable legally protected characteristics, 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.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

GENERAL INFORMATION
Name: Last, First, MI
Address: Street, City, State, Zip Code
How long at address listed above?
Applying for what position?
Telephone:
Email address:
Salary/Wage expected:
Applying for: full time, part time
Are you willing to work any day(s), shift(s), including nights, weekends or overtime as assigned?
Have you ever worked for the Palm Beach County Sports Commission?
Do you have relative and/or members of your household employed with the Palm Beach County Sports Commission?
Are you age 18 or older?
Referral Source: Advertisement, Agency, Employee, Job Fair, Web Posting, School, Walk-in, Internal Employee, Other
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, 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> <p>_____ Date _____</p> <p>Applicant's Signature</p>

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:	