



# Application for Employment

John's Island Club considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation for the application and/or interview process should notify the Human Resources Department.

**John's Island Club is a drug-free workplace and a pre-employment drug test is required.**

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

How did you learn about us?

- JIC Employee Employee's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Job Ad Please specify: \_\_\_\_\_ (newspaper, website, job board, etc.)
- Walk-in  JIC Website  Other, please specify \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

Address \_\_\_\_\_  
STREET/APT # CITY STATE ZIP

Best way to reach you:  Cell  Home  Email

Cell Phone \_\_\_\_\_  
AREA CODE NUMBER

Home Phone \_\_\_\_\_ Email address \_\_\_\_\_  
AREA CODE NUMBER

Type of employment desired  full-time  part-time  seasonal  temporary  shift, specify \_\_\_\_\_

Date available for work \_\_\_\_\_ Any Days or Hours you CANNOT work? \_\_\_\_\_

Are you able to work overtime, if required?  yes  no

Have you ever been employed here before?  yes  no If yes, provide dates \_\_\_\_\_

Do you have any relatives employed here?  yes  no Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you legally eligible for employment in this country?  yes  no

If you are under 18 years of age, and it is required, can you provide proof of your eligibility to work?  yes  no

Have you been convicted or pled no contest to any crime (including DUI)?  yes  no Year: \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
PREVIOUS CONVICTIONS DO NOT NECESSARILY DISQUALIFY APPLICANTS FROM EMPLOYMENT.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG-FREE WORKPLACE**

Human Resources John's Island Club, Inc. 3 John's Island Drive Indian River Shores, FL 32963  
Telephone: (772) 231-8606 Fax: (772) 231-8635 E-mail: jobs@johnsislandclub.org

**Employment History**

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Please explain any gaps in employment in the comments section below.

**Employer** \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
MO/YR MO/YR  
 Starting Wage/Salary \$ \_\_\_\_\_ Final Wage/Salary \$ \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_  
NAME TITLE  
 May we contact for references?  yes  no  at later date  
 Brief Description of Job Duties: \_\_\_\_\_

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 Immediate Supervisor \_\_\_\_\_  
NAME TITLE  
 May we contact for references?  yes  no  at later date  
 Brief Description of Job Duties: \_\_\_\_\_

**Comments** (include explanation of any gaps in employment):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Summarize any special training, skills, licensure or certification that may qualify you to perform the job-related functions.

Educational Background

<u>SCHOOL/TRAINING INSTITUTION</u>	<u>LOCATION</u>	<u># YRS COMPLETED</u>	<u>SPECIFY DEGREE OR DIPLOMA AWARDED</u>	<u>MAJOR FIELD OF STUDY</u>
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Military Service

Have you ever served in the U.S. Military?  yes  no

Branch of service \_\_\_\_\_

Rank at Discharge \_\_\_\_\_

Citations/awards \_\_\_\_\_

Duties/special training \_\_\_\_\_

Additional Information

List any additional information which you would like considered in connection with your application. Please include membership in any professional, trade, business or civic associations, and any special accomplishments/awards. Please exclude any information which reveals race, color, religion, creed, gender, national origin, age, disability, or other protected status.

References

<u>NAME</u>	<u>TELEPHONE</u>	<u>BUSINESS/OTHER ASSOCIATION</u>	<u>YRS KNOWN</u>
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Preparer and/or Translator Certification (To be completed and signed **only** if this application is prepared by a person other than the applicant.) I attest that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Phone Number

Date

# APPLICANT STATEMENT

## *PLEASE READ THE FOLLOWING CAREFULLY*

1. I certify that the information given by me in this application is true and complete. I understand that any false information, misrepresentation, incomplete answers, or concealment of fact in any application document will disqualify me from further consideration for employment. I further understand that if employed, any misrepresentation or omission of fact in any application document is sufficient grounds for immediate discharge from employment.
2. I understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and may be terminated by the Employer with or without notice or cause, at any time. I further understand that no verbal promise, Company policy, custom, business practice or other procedure (including the Company Employee Handbook or any other personnel manuals) constitute an employment contract or modification of the at-will employment relationship between the employee and Company. An "at will" employment relationship means that the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. I understand that the Company can change wages, benefits, and conditions at any time.
3. I understand and agree that the Company may investigate and verify all information furnished in the application, other related papers, and oral interviews. I authorize all individuals and organizations named or referred to in this application or other organizations to give all information relative to my employment, work habits, and character, and hereby release from liability any such person giving or receiving information.
4. I understand that any employment offer is contingent upon successful completion of a pre-employment drug test and background check, and proper completion of all other necessary company forms. I also understand that if hired, I will be required to provide proof of identity and legal work authorization. I also consent to be fingerprinted, if hired.

**I have read, understand, and agree to the above.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_