

Banana Boat Employment Application

Today's Date		Position Applying For		Other Position(s) Interested In	
First Name		M.I.	Last Name		DOB:
Current Address		City		State	Zip Code
Cell Phone		Home Phone		Email Address	
Emergency Contact Name		Phone		Alt. Phone	Relationship
Sex (Please circle) M F	Available Start Date	Salary Required	Are you 18 years old or older? Y N		Currently Working? Y N
How did you find out about this job?			Employee Referred By		
Have you ever been convicted of a crime? Y N		Offense	Convicted State(s)		# of Times?

Explain

EMPLOYMENT HISTORY: (LIST MOST RECENT FIRST)

Company		Address		City	State	Phone
Start Date	End Date	Job Title	Reason for Leaving		Supervisor	
Beginning Salary	Ending Salary	Job Description			May we contact?	
Company		Address		City	State	Phone
Start Date	End Date	Job Title	Reason for Leaving		Supervisor	
Beginning Salary	Ending Salary	Job Description			May we contact?	
Company		Address		City	State	Phone
Start Date	End Date	Job Title	Reason for Leaving		Supervisor	
Beginning Salary	Ending Salary	Job Description			May we contact?	

EDUCATION:

Middle School Name	City	State	Start Year	End Year	Graduated?
High School Name	City	State	Start Year	End Year	Graduated?
College/University Name	City	State	Start Year	End Year	Graduated?
Trade/Business School Name	City	State	Start Year	End Year	Graduated?

EXPLAIN YOUR EXPERIENCE & STRENGTHS FOR THIS JOB:

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NOTICE TO APPLICANTS

We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment you may be required to complete a post-job offer medical questionnaire and/or undergo a medical examination. If required, all new employees in the same job category will be subject to the same medical questionnaire and/or undergo a medical examination, and all information will be kept confidential in separate files.

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications.

PLEASE READ & SIGN STATEMENTS BELOW

I understand that, in accordance with Florida Statute 443.131 (3)(a)(2), if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory performance within the 90-day probationary period, the employer may seek to contest any unemployment benefits I might attempt to obtain as a result of my termination.

_____ (Initials)

I understand and agree that all policies, procedures, and the employee handbook may be modified, amended, or deleted by the company with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment, nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of the employer with or without notice of either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement, unless they are in writing and signed by the President.

_____ (Initials)

I understand that I may be required to undertake blood and/or urinalysis screening for drugs or alcohol use as part of our pre-employment process. In addition, all employees are subject to blood and/or urinalysis screening for drug use.

_____ (Initials)

I certify that all information given on this employment application; any resume that I submit to the company; and any related papers and answers given during oral interviews are true and correct. I understand that the employer will make a thorough investigation of my work and personal history. I authorize the transmittal of any such information requested by the company during the course of such an investigation, including criminal, credit, or medical information. I understand that falsification of information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation.

_____ (Initials)

In the event of any dispute, claim question or disagreement between the employee and employer, the two parties will make their best effort to resolve the issue in good faith. If it is not resolved within 60 days, then by notice from either party, the issue will be finally settled by arbitration administered by the American Arbitration Association in accordance with the provisions of its Commercial Arbitration Rules.

_____ (Initials)

Applicant Printed Name

Applicant Signature

Date Applied

Interviewed By Printed Name

Interviewed By Signature

Date Interviewed