



# Tallahassee-Leon County CIVIC CENTER

## APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

**Non-Discrimination Policy:** Tallahassee Leon County Civic Center is committed to the principle of equal opportunity in education and employment. The Center does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

### GENERAL INFORMATION

Date \_\_\_\_\_

Position(s) Applied For (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number

Street

City

State

Zip

Home Telephone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

If under 18, can you provide a work permit?  Yes  No

Have you ever filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No If yes, may we contact your employer?  Yes  No

Are you a United States citizen?  Yes  No If no, do you have a valid work permit?  Yes  No  
(Proof of citizenship or immigration status may be required upon employment)

Have you ever been convicted of a felony?  Yes  No  
(Such conviction may be relevant if job related, but does not necessarily bar you from employment)

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employment desired:  Full-Time  Part-Time  Seasonal

Date available for work? \_\_\_\_\_

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Other				

**MILITARY**

Are you a veteran of the United States military service?  Yes  No If yes, what branch? \_\_\_\_\_

If yes, Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

If yes, please describe any special skills or training acquired while in the service:  
\_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

<b>Most Recent Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
<b>Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

<b>Employer</b>	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

**REFERENCES**

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

**WAIVERS AND DISCLOSURES**

Please read each section carefully and sign where indicated.

**AT-WILL EMPLOYMENT**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**CERTIFICATION OF TRUTH AND ACCURACY**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

**NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job.

**NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

I understand that I may be subject to a background check, and hereby authorize the Agent for the Tallahassee Leon County Civic, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

**PLEASE SIGN HERE:** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Thank you for applying to The Tallahassee Leon County Civic Center.**

## APPLICANT DATA RECORD

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Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Positions(s) applied for:

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Number Street City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_

<b>Affirmative Action Survey</b>	<b>Check one</b>	<b>Check one</b>	<b>Check any that apply</b>
Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary. This data is for analysis and affirmative action only.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran

**Special Employment Notice to disabled veterans, Vietnam Era veterans, and individuals with a physical or mental disability.**

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

**If you wish to be identified,** please sign below:

Disabled individual     Disabled Veteran     Vietnam Era Veteran

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_