



Sailfish Club of Florida

1338 North Lake Way
Palm Beach, FL 33480
Club: 561-844-0206
Fax: 561-844-2899
www.sailfishclub.com

APPLICATION FOR EMPLOYMENT

Notice to Applicants

The Sailfish Club of Florida, Inc. is an Equal Employment Opportunity Employer. We will provide Equal Employment opportunities to qualified persons without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. The Sailfish Club complies with the Americans With Disabilities Act of 1990.

The Sailfish Club is a Drug-Free Workplace. We are committed to protecting the safety, health and well being of all employees in our workplace. We recognize that drug and alcohol abuse pose a significant threat to our company goals and objectives. We have established a drug-free and alcohol-free environment for all employees. I understand that as a condition of employment I will be required to take a post-offer, pre-employment alcohol/drug test. I further understand that at any time during my employment, I may be required to take an alcohol/drug test subsequent to an on-the-job accident and/or if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others.

Applicant's Acknowledgement & Authorization

I certify that I, the undersigned applicant, have personally completed this application and all statements (verbal and written) in this application (or any other accompanying documents) are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for in the employment application, resume, interview process or other application material may prohibit consideration for employment at the Sailfish Club and maybe cause for immediate dismissal at any time without notice. I authorize the investigation of all matters contained in this application and hereby give the Sailfish Club permission to contact schools, present or former employers, division of motor vehicles, references and others, and hereby release the Sailfish Club, schools, previous employers and references from any liability as a result of such contact. I understand that, as a condition of my consideration for employment with the Sailfish Club, or as a condition of my continued employment with the Company, the Sailfish Club may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness. I understand that, pursuant to the federal Fair Credit Reporting Act, the Sailfish Club will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the Sailfish Club. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report

I understand that employment by the Sailfish Club is "at will." This means that the employment relationship is for no specific term and may be terminated by me or the Sailfish Club at any time for any reason with or without advanced notice and with or without cause. It also means that the Sailfish Club may revise the contents of any employee handbook or personnel manual, as well as other policies, practices, rules, regulations or procedures, solely at its discretion, without notice. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the Sailfish Club to continue to employ me in the future or for any specific term.

If employed by the Sailfish Club, I agree to comply with all safety regulations, company policies and procedures, and local, state and federal laws pertaining to my employment.

I have read and agree to the above terms and conditions:

Signature _____ Date _____

Application for Employment:

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Last Name		First	Middle	Date of Application
Street Address				Home Telephone
City, State, Zip Code				Work/Cellular Telephone
Position Desired	Date Available	Salary Desired	E-mail Address	

HOW WERE YOU REFERRED TO THE SAILFISH CLUB?

Employee (Name)	Friend (Name)	Other (Explain)
Ad (Name of Newspaper/Publication)	Job Fair/Conference (When/Where)	Internet (Name of Site)

GENERAL INFORMATION

Upon employment, are you able to provide proper documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No (A conviction will not necessarily disqualify you from employment).

If yes, please give dates and explain.

Are you able to perform the essential requirements of this job with or without reasonable accommodation? Yes No

Are you at least 18 years of Age? Yes No (If no, you may be required to provide authorization to work).

Do you understand employment may require working weekends, holidays, overtime, and shift rotation? Yes No

When are you available to work? Days Nights Weekends Full-time Part-time Per Diem (as needed)

Have you ever been employed by the Sailfish Club before? Yes No

Are you related to anyone at the Sailfish Club? Yes No

If yes, please provide their name and relationship to you?

EDUCATION

Level	Name of School, City and State	Diploma or Degree	Dates Attended		Major
			From Mo/Yr	To Mo/Yr	
High School					
Business, Trade or Technical					
College					
Graduate School					
Other					

EMPLOYMENT EXPERIENCE

List all work experience and begin with most recent employment.

Company	Telephone	Dates Employed		Job Title & Duties Performed
		From Mo/Yr	To Mo/Yr	
Address				
Immediate Supervisor and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Annual Salary		
Reason for leaving?		Starting \$	Ending \$	
Company	Telephone	Dates Employed		Job Title & Duties Performed
		From Mo/Yr	To Mo/Yr	
Address				
Immediate Supervisor and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Annual Salary		
Reason for leaving?		Starting \$	Ending \$	
Company	Telephone	Dates Employed		Job Title & Duties Performed
		From Mo/Yr	To Mo/Yr	
Address				
Immediate Supervisor and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Annual Salary		
Reason for leaving?		Starting \$	Ending \$	
Company	Telephone	Dates Employed		Job Title & Duties Performed
		From Mo/Yr	To Mo/Yr	
Address				
Immediate Supervisor and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Annual Salary		
Reason for leaving?		Starting \$	Ending \$	
COMMENTS: (including explanation of any gaps in employment):				

SKILLS & QUALIFICATIONS

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying.

Typing Speed:

PC Skills (Indicate software used):

Foreign Languages:

Other:

Do you have any experience, training, qualifications or special skills which you think make you especially suited for work at this company? (Explain):

PROFESSIONAL LICENSES

List any professional license(s) that are related to the position for which you are applying and list state(s) in which licensed:

Professional License or Certification	License Number	State	Expiration Date (mm/dd/yyyy)

DRIVING RECORD

This section is to be completed only by those applying for positions driving a company vehicle or regularly operating an automobile during Company business (must have valid license).

Driver's License Number:

Issuing State:

List all Traffic Violations that you have received in the last 36 months (other than parking violations).

Date of Violation	Offense	City, State

REFERENCES

List three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Telephone	Years Known	In what capacity did this person observe you or your work?