



# APPLICATION FOR EMPLOYMENT

Global Miami, Joint Venture is an Equal Opportunity Employer

Please complete all sections thoroughly, otherwise your application will not be considered complete.

A resume may be attached but may no substitute for completion of the application.

Full Legal Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(First) (Middle) (Last)

Present Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you ever worked for this company before?  No  Yes / If yes, When? : \_\_\_\_\_

Do you have any relatives, spouses, significant others (boy or girlfriends) working for us?  No  Yes / If yes, Who?: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

How did you hear of us?  Walk-in  Newspaper  Sign  Web Ad  TV/Radio  Agency/ School  Referral Name: \_\_\_\_\_

This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.

## EMPLOYMENT DESIRED AND DAYS & HOURS AVAILABLE TO WORK:

Date you can start: \_\_\_\_\_

Position: \_\_\_\_\_

Salary requirements: \_\_\_\_\_

Total Hours Available per Week: \_\_\_\_\_

Request:  Full-Time (32+hrs/wk)

Are you 18 or older?  Yes  No

If, available ANY hours & days, this includes weekends, nights, holidays, etc. check here

If you have availability restrictions, mark "X" when not available

This is only a request and not a guarantee of hours to be worked per week.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							

Are you legally authorized to be employed in the U.S.?  Yes  No (If offered employment, you will be required to provide documentation to verify eligibility.)

Are you able to perform the essential functions of the job for which you have applied for, with or without a reasonable accommodation?  Yes  No? If no, attach notes.

EDUCATION	Name and Location	Course of Study	Completed (Check)	Graduate?	Diploma/Cert. or Degree
High School		General	<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> Yes <input type="radio"/> No	General or GED
College			<input type="radio"/> Fr <input type="radio"/> Sph <input type="radio"/> Jr <input type="radio"/> Sr	<input type="radio"/> Yes <input type="radio"/> No	
Other (Trade, etc.)				<input type="radio"/> Yes <input type="radio"/> No	

## SPECIAL EMPLOYMENT SKILLS & ABILITIES:

Computer programs (Word, Excel, etc.) you are proficient in: \_\_\_\_\_

List any additional skills, certifications, licenses, training related to the position applied for: \_\_\_\_\_

List any additional languages you are proficient at speaking and writing: \_\_\_\_\_

## REQUIRED LEGAL INFORMATION

Have you ever been convicted, fined, sentenced, and/or pleaded nolo contendere (no contest) to a criminal charge (felony or misdemeanor other than minor traffic violations)  No  Yes\*\*\*

Have you ever been a defendant in a civil action for an intentional tort (sued because you assaulted, attacked, injured, defamed, and/or hurt somebody)?  No  Yes\*\*\*

Have you ever caused injury or harm to another person on any occasion other than those described above?  No  Yes\*\*\*

\*\*\*If yes to any of the above attach on a separate paper the following for each item: a) dates, b) nature and facts of problem, c) city and state of location of the issue, d) outcome including an penalties, convictions, pleas fines and/or sentences, and explain them. A conviction will not necessarily disqualify you from employment. Factors such as the seriousness and nature of the offense, age at time of the conduct, and rehabilitation will also be taken into account.

**FORMER EMPLOYERS:** List last three (3) employers (if less than 7 years of history request add-on application sheet) starting with your most recent employer.May we contact your former employers?  Yes  No / If no, Explain: \_\_\_\_\_

Employer No. 1 (present or most recent)		Address:			Phone Number:	
Employed (Month & Year) From:                      To:		Rate of Pay Start: \$                      Final: \$		Avg./Hrs./Wk	Supervisor & Svpr. Title	May we contact: <input type="radio"/> Yes <input type="radio"/> No
Your Job Title		Describe Your Duties / Responsibilities:				
Reason For Leaving		<b>MGMNT REFERENCE CHECK</b> Mgr. Initials:		Spoke with:		Date:

Employer No. 2		Address:			Phone Number:	
Employed (Month & Year) From:                      To:		Rate of Pay Start: \$                      Final: \$		Avg./Hrs./Wk	Supervisor & Svpr. Title	May we contact: <input type="radio"/> Yes <input type="radio"/> No
Your Job Title		Describe Your Duties / Responsibilities:				
Reason For Leaving		<b>MGMNT REFERENCE CHECK</b> Mgr. Initials:		Spoke with:		Date:

Employer No. 3		Address:			Phone Number:	
Employed (Month & Year) From:                      To:		Rate of Pay Start: \$                      Final: \$		Avg./Hrs./Wk	Supervisor & Svpr. Title	May we contact: <input type="radio"/> Yes <input type="radio"/> No
Your Job Title		Describe Your Duties / Responsibilities:				
Reason For Leaving		<b>MGMNT REFERENCE CHECK</b> Mgr. Initials:		Spoke with:		Date:

**Initial Below      EMPLOYMENT CONDITIONS, PLEASE READ BEFORE INITIALING & SIGNING**

\_\_\_\_\_ I hereby certify that the information provided on this application is true, complete and accurate. I agree that Global Miami, J.V., here on referred to as "the Company" may investigate all of the statements made on this application and that any false statements, misrepresentation or omission will be considered sufficient cause for the company to deny or terminate my employment upon discovery. I understand that this application will remain active for only 30 days.

\_\_\_\_\_ I understand that the Company may review reference, credit files, and criminal records as part of the employment process. I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but is not limited to work history, criminal records, licensure, certification, education and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability that may be incurred as a result of furnishing such information.

\_\_\_\_\_ I understand that employment with the company is 'at will' and therefore for an indefinite period of time. If employed, I may terminate my Employment at any time and the company may terminate or modify the employment relationship at any time, with or without motive or cause. I understand that no employee, manager, or other agent of the Company has authority to enter into any agreement for employment for any specified period of time unless such agreement is in writing and signed by the CEO/President of this company. I further understand that in the absence of such an agreement, employment can be terminated at the sole discretion of the company or employee at any time.

\_\_\_\_\_ I understand that I am not guaranteed a specific shift, schedule, or work assignment to work overtime. If employed by the company, I will abide by its regulations, policies and procedures.

\_\_\_\_\_ I am hereby advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor. If I need medical attention, I agree to contact a manager before receiving medical assistance, follow worker's compensation insurance instructions and use a managed care facility –failure to do so may result in loss of benefits. I am hereby advised that the Company to better ensure the safety off all employees and control the cost of worker's compensation coverage that, should I have an accident, I will have to submit to a drug test within 24 hours and I acknowledge that failure to test or a positive drug test may also result in a discharge from the Company and possible loss of benefits.

\_\_\_\_\_ Finally, I freely and voluntarily agree (if the company requires it) to undergo drug testing as part of the application process, for reasonable suspicion, or at any time during my employment with the company. I understand that either refusal to submit to the test or failure of the test per the Company's policy will disqualify me from consideration and/or continuation of employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*This company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, age, sex, religion, national origin, disability, marital status or any other characteristics protected by law.*