

# SHERIFFS RANCHES ENTERPRISES Application for Employment

Sheriffs Ranches Enterprises is an equal opportunity employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, religion, or any other legally protected status.

Sheriffs Ranches Enterprises is committed to providing a safe working environment and as a part of this commitment, we have established a Drug Free Workplace Program. A copy of the Drug Free Workplace Program policy statement is available on request.

Position Applied For			Date of Application						
complete will not be cons	ted legibly in ink or typew	ritten. not su	•	tions ı	must be answered. Applications which are no nplete answers or you wish to furnish addition				
	PER	SON/	AL HIS	TOR	<u>'Y</u>				
(Last Name)	(First)	(N	/liddle)		(Former Name, Aliases or Nickname)				
(Residence Address)									
(City)	(County)		(State	)	(Zip Code)				
	of age, can you provide red	-	-	•	ligibility to work?  Yes  No				
·				States	because of Visa or Immigration Status?				
Will you travel if your job Have you ever filed an ap Have you ever been empl	plication with us before?		Yes Yes Yes		No No				

Name and relationship of any relatives currently employed with the Youth Ranches or currently serving on the Youth

Ranches Board of Directors \_

## **EDUCATION/TRAINING**

High School Name	Dat Mo.		Vasus		D' LV		Tomas		
City, State	From	То	Years Completed		Did You Graduate?		Type of Diploma		
College/University Name	Dates Mo./Yr.				dit Hours Earned				
City, State	From	То	Course of Study	Qtı	Sem.	Did You Graduate?		Type of Degree	
or	I		Minor						
Trade, Vocational, Business or Military	Dat Mo.		Credit Hours			D: J Va		Time of Donne	
School(s) City, State	From	То	Earned	Area of Study		Did You Graduate?		Type of Degree or Certificate	
se disclose your username for al	I social netwo	orking si	tes, personal web	pages	, blogs, etc	., that you	part	icipate in, as we	
ll of your email addresses.			•			•	•	•	

### **EMPLOYMENT HISTORY**

List in date order the <u>last 10 years</u> of all employment beginning with <u>present employment</u>. Be sure to include summer and part-time employment while attending school. If unemployed for a period, include dates of unemployment.

Name & Address of Employer PLEASE BEGIN WITH MOST RECENT	Dates Mo./Yr.			Title or	Name of	Reason for
OR CURRENT EMPLOYMENT	From	То	Salary	Position	Supervisor	Leaving
Name Address						
City, State, Zip		Present				
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Name						
Address						
City, State, Zip						
Area Code & Phone No.						
Have you ever been dismissed or asked to resor position you have held? ☐ Yes ☐No If ye				on taken agaiı	nst you from a	nny employment
Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance?						
Do you currently own or have you owned a business, or are you a partner or corporate officer in any business or organization not listed previously as a current or former employer? □Yes □No If yes, please provide details.						
Do you have any objections to us contacting your present and previous employers? □Yes □No If yes, explain.						

## **PERSONAL REFERENCES & ACQUAINTANCES**

Give two (2) references (not relatives, former or present employers) who have known you well for the past three (3) years. If retired, give former occupation.

Name		Home Address:
		Home Phone: ( )
Yrs. known	Occupation	Business Address:  City, State, Zip:
	- Cooperion	Business Phone: ( )
		E-mail Address:
Name		Home Address:
		City, State, Zip:
		Home Phone: ( )
		Business Address:
Yrs. known	Occupation	City State Zing
		Business Phone: ( )
		E-mail Address:
	D	RIVING HISTORY
re you licensed t	o drive a vehicle?	□ No License No.:
-		ue: Restrictions:
		e in another state?    Yes    No    No    Nate dates license was held and license number
• .		cket or been charged with a traffic violation?   Yes   No
•		or have you ever had a license suspended or revoked?   Yes  No

#### **RESIDENCES**

List in date order beginning with current address, actual places of residence for past ten (10) years. Include all addresses while in school and in military. For college on campus residences, give dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state. If post office box, give location of post office.

Mo PLEASE E MOST RI	Ates  ./Yr. BEGIN WITH ECENT OR FADDRESS	Street Address	City	County	State	Zip
From	То					
	Present					
	1	COMMENTS BY	APPLICANT	I		

This space is provided for additional comments that you feel may be pertinent to your qualifications for employment with the Florida Sheriffs Youth Ranches, Inc.

#### **APPLICANT'S CERTIFICATION**

I certify that all statements made by me on this application are true and complete to the best of my knowledge.

I understand that any employment offered to me will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant, or my dismissal from the employment of the Florida Sheriffs Youth Ranches, Inc.

I agree that this employment application shall be the property of the Florida Sheriffs Youth Ranches, Inc.

I understand that, if hired, I am an employee at will for no definite duration, and I have the option to terminate my employment relationship with the Florida Sheriffs Youth Ranches, Inc., with or without cause and without notice at any time, and that the Florida Sheriffs Youth Ranches, Inc. retains a similar right. I further understand that these policies do not create a contract between the Florida Sheriffs Youth Ranches, Inc., and me or form the basis of an implied contract.

APPLICANT'S SIGNATURE	DATE