



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 _____

INSTRUCTIONS

Application must be printed legibly in ink or typewritten. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, attachments may be made to the application.

PERSONAL HISTORY

(Last Name) _____ (First) _____ (Middle) _____ (Former Name, Aliases or Nickname) _____

(Residence Address) _____

(City) _____ (County) _____ (State) _____ (Zip Code) _____

(_____) _____ (_____) _____

(Home Telephone Number) _____ (Other) _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Social Security Number _____

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? Yes No

Will you travel if your job requires it? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed by us before? Yes 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 City, State	Dates Mo./Yr.		Years Completed	Did You Graduate?	Type of Diploma
	From	To			

College/University Name City, State	Dates Mo./Yr.		Course of Study	Credit Hours Earned		Did You Graduate?	Type of Degree
	From	To		Qtr.	Sem.		

Major _____ Minor _____

Trade, Vocational, Business or Military School(s) City, State	Dates Mo./Yr.		Credit Hours Earned	Area of Study	Did You Graduate?	Type of Degree or Certificate
	From	To				

Please disclose Facebook username as well as all email addresses and public websites that you participate in. (Your Facebook username appears in the location bar of your web browser after "https://www.facebook.com/" when you view your timeline or Page. An example of the Facebook username is www.facebook.com/jane.doe with "jane.doe" being the username.:

Please print legibly.

How did you learn about this open position? _____

EMPLOYMENT HISTORY

List in date order all employment beginning with present employment, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, set forth dates of unemployment.

Name & Address of Employer PLEASE BEGIN WITH MOST RECENT OR CURRENT EMPLOYMENT	Dates Mo./Yr.		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	To				
Name	Present					
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.						
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 resign or had any disciplinary action taken against you from any employment or position you have held? Yes No If yes, please provide details. _____

Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? Yes No If yes, please provide details. _____

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 three (3) 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: _____
		City, State, Zip: _____
		Home Phone: () _____
		Business Address: _____
Yrs. Acq.	Occupation	City, State, Zip: _____
		Business Phone: () _____
		E-mail Address: _____
Name		Home Address: _____
		City, State, Zip: _____
		Home Phone: () _____
		Business Address: _____
Yrs. Acq.	Occupation	City, State, Zip: _____
		Business Phone: () _____
		E-mail Address: _____
Name		Home Address: _____
		City, State, Zip: _____
		Home Phone: () _____
		Business Address: _____
Yrs. Acq.	Occupation	City, State, Zip: _____
		Business Phone: () _____
		E-mail Address: _____

COURT HISTORY

Have you ever been convicted of a crime? Yes No If yes, explain. _____

DRIVING HISTORY

Are you licensed to drive a vehicle? Yes No License No.: _____

Date of Expiration: _____ State of Issue: _____ Restrictions: _____

Do you hold or have you ever held a driver license in another state? Yes No

If yes, please provide state, name used, approximate dates license was held and license number. _____

During the past five years, have you received a ticket or been charged with a traffic violation? Yes No

If yes, please provide details. _____

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No

If yes, please provide details. _____

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.

Dates Mo./Yr. <small>PLEASE BEGIN WITH MOST RECENT OR CURRENT ADDRESS</small>		Street Address	City	County	State	Zip
From	To					
	Present					

COMMENTS BY APPLICANT

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