



# INTERCOASTAL KIDS

## APPLICATION FOR EMPLOYMENT 4-05

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

### PERSONAL INFORMATION

Legal name: First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_  
As shown on Social Security Information

Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  
(if position requires operation of a company vehicle)

Are you legally eligible for employment in the United States?  Yes  No  
United States Visa status, if applicable: \_\_\_\_\_

#### Felony Statement:

I have never been convicted of any of the following offenses, including deferred adjudication:

- A felony or misdemeanor classified as an offense against the person or family.
- A felony or misdemeanor classified as public indecency, or
- A felony violation of any law intended to control the possession or distribution of any substance included as a controlled substance in the Controlled Substance Act.

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

By filling in the signature block and date, I understand that I am legally bound by the submission of this document and that all information is correct. Before any employment offer is issued, I also understand that I will be required to sign physical document at the time employment is offered.

If yes, please explain circumstances: \_\_\_\_\_

### POSITION INFORMATION

Position(s) applying for: \_\_\_\_\_ Salary desired: \$ \_\_\_\_\_

Employment status desired:  Full Time  Part Time  Temporary

What hours are you available to work? \_\_\_\_\_

If hired, when could you start? \_\_\_\_\_

How did you hear about this job? \_\_\_\_\_

Are you able to perform the duties of this job with reasonable accommodation? \_\_\_\_\_

If accommodations are needed, please describe: \_\_\_\_\_

\_\_\_\_\_



## EDUCATION

Type of school	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School					
College / University					
Graduate School					
Tech School					
Other					

Special courses, training or experience acquired, including military experience: \_\_\_\_\_

## SKILLS

Computer skills	Name of software:	<input type="checkbox"/> PC <input type="checkbox"/> Mac <input type="checkbox"/> WPM
Languages		
Other special knowledge or skills		

Please describe any other experience, abilities or skills that might be helpful in considering your application: \_\_\_\_\_

## CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment. I agree that I may be required to complete a medical exam for initial employment and continued employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I request and authorize all references and former employers to supply information about me verbally and in writing to you. In consideration for their furnishing such information, I hereby waive any claims against them which may arise from their furnishing such information.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law. I and my potential employer mutually agree that any claim or dispute between us, whether related to this application for employment or otherwise, including those created by practice, common law, court decision or statute, now existing or created later, including any related to allegations of violations of state or federal statutes related to discrimination, and all disputes about the validity of the arbitration clause, shall be exclusively resolved utilizing a two-step alternate dispute resolution process as follows: 1) First, through mediation utilizing the Rules and Mediator provided by Dispute Systems, Inc., a neutral entity, or its successor; and 2) Failing settlement by mediation, we agree that all claims and disputes, including those of jurisdiction and arbitrability, shall be resolved by neutral binding arbitration conducted by the National Arbitration Forum under the NAF Code of Procedure in effect at the time any claim is made, the Dispute Resolution Policy and the Arbitration Rules of Dispute Systems, Inc. or its successor. Any award of the arbitrators may be entered as a judgment in any court of competent jurisdiction. In signing this application, I am expressly waiving any right to trial by jury or judicial appeal.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

By filling in the signature block and date, I understand that I am legally bound by the submission of this document and that all information is correct. Before any employment offer is issued, I also understand that I will be required to sign physical document at the time employment is offered.