



**nightlife**  
Center

6240 S. Tamiami Trail  
Sarasota, FL 34231  
941.927.0967

Hope... When Times Get Dark!

www.NightlifeCenter.com  
A Not-For-Profit 501c3 Organization

# Employment Application

Nightlife is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, national origin, age, sex, veteran status, disability, or any other basis prohibited by federal, state, or local law. In accordance with Americans with Disabilities Act, it is our policy to provide reasonable accommodations upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment.

Position Applied For: \_\_\_\_\_

**Please Print Legibly and Completely Answer All Questions**

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

## Personal Data

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

## Availability

When will you be able to start work? \_\_\_\_\_  
Are you at least 18 Years old? \_\_\_Yes\_\_\_No If not, please state your age for child labor law purpose? \_\_\_\_\_

Are there any days, shift, or hours you will not be able to work?  Mon  Tues  Wed  Thurs  Fri  Sat  Sun  
\_\_\_\_\_

Will you work overtime if required? \_\_\_Yes\_\_\_No

## Eligibility

Are you legally authorized to work in the United States?..... \_\_\_Yes\_\_\_No

Will you now or in the future require sponsorship for employment visa status? \_\_\_Yes\_\_\_No

Have you been convicted within the last seven years of a felony?..... \_\_\_Yes\_\_\_No

Date of conviction: \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

Have you in the last seven years been convicted of misappropriation of funds, embezzlement, or for other similar dishonest conduct, or an offense involving a weapon, for burglary, robbery, breaking and entering or theft, or for physical assault or other violent crimes?..... \_\_\_Yes\_\_\_No

If Yes, please explain: \_\_\_\_\_

Are you a registered sex offender?..... \_\_\_Yes\_\_\_No

Are you willing to waiver a background check?..... \_\_\_Yes\_\_\_No

Have you taken any illegal drugs within the last 30 days? \_\_\_Yes\_\_\_No

## Education and Professional Affiliations?

(You need not to disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, age, disability, martial status, or any other protected status)

Grade School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College/Trade School: \_\_\_\_\_

Degree: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College/Trade School: \_\_\_\_\_

Degree: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Specialized Training and/or skills: \_\_\_\_\_

\_\_\_\_\_



**Employment History** Please complete for all full-time or part-time employment beginning with most recent employer.

<b>Company Name:</b> _____ Address: _____ Supervisor: _____ Rate of Pay: _____ State Job titles and describe job duties : _____ Reason for Leaving : _____	Date from: _____ to _____ Phone: (_____) _____ - _____ May We Contact? ____ Yes ____ No
<b>Company Name:</b> _____ Address: _____ Supervisor: _____ Rate of Pay: _____ State Job titles and describe job duties : _____ Reason for Leaving : _____	Date from: _____ to _____ Phone: (_____) _____ - _____ May We Contact? ____ Yes ____ No
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<b>Company Name:</b> _____ Address: _____ Supervisor: _____ Rate of Pay: _____ State Job titles and describe job duties : _____ Reason for Leaving : _____	Date from: _____ to _____ Phone: (_____) _____ - _____ May We Contact? ____ Yes ____ No

Please explain any gaps in your employment: \_\_\_\_\_

Have you ever been discharged or force to resign? \_\_\_\_ Yes \_\_\_\_ No If Yes, please explain: \_\_\_\_\_

**Certification:** I am aware that any omissions, falsifications, misstatements, or misrepresentations on this Employment Application may disqualify me from employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to managers, personnel staff, and other authorized employees of Primacy Companies for employment purposes. This consent shall be effective during my employment if I am hired. I certify that to the best of my knowledge and belief of all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

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