

# BROWARD MEAT AND FISH CO.

Employment Application – A Drug Free Workplace

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Other Names or Aliases Used at Any Time			
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Languages Spoken			
Do any friends or relatives currently work for this company or a competitor? If so, who and where?			
Did a current employee of the company refer you? If so, who?			
For which company location are you applying?    North Lauderdale <input type="checkbox"/> Lauderdale Lakes <input type="checkbox"/> Pembroke Pines <input type="checkbox"/>			
Date Available to Start		Desired Salary	
Position Applied for		Type of employment sought    Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	
Availability (What days and hours can you work? Please disclose all restrictions.)			
Are you authorized to work in the U.S.?                    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company?                YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? (Convictions that have been pardoned or expunged need not be disclosed. Conviction will not necessarily preclude employment.)                YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Are you at least 18 years of age?                            YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been terminated or disciplined for harassment, violent behaviors, or unethical behavior?                YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION			
High School		Address	
Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
College		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>MILITARY SERVICE</b>		
Branch	From	To
Rank at Discharge		

<b>AUTHORIZATION AND SIGNATURE</b>	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I acknowledge that any false, misleading, or omitted information is sufficient cause for refusal of employment. If this application leads to employment, I understand that false, misleading, or omitted information in my application or interview may result in termination of my employment.</p> <p>I hereby authorize investigation of all statements and representations contained in this application. I authorize Broward Meat and Fish Company to contact my references, former employers, and any and all other persons or entities for information regarding my suitability and qualifications for employment. I also authorize all of my listed references and employers to provide any and all information regarding my employment and qualifications for employment. I waive any and all claims against Broward Meat and Fish Company and/or any of the references and employers listed for providing such information.</p> <p>I understand and agree that, if employed, employment at Broward Meat &amp; Fish Company is employment-at-will, which may be terminated at the will of either Broward Meat &amp; Fish Company or myself, at any time, without prior notice to the other. I understand and agree that nothing in this application creates, or is intended to create, a promise or representation of employment at Broward Meat &amp; Fish Company or of any particular terms of employment.</p>	
Signature	Date

FOR STORE OR HUMAN RESOURCES MANAGER ONLY, IF HIRED	
Starting Date:	_____
Department:	_____
Position:	_____
Salary/Rate:	_____

**Authorization to Obtain a Consumer Report**

Pursuant to the Fair Credit Reporting Act, I hereby authorize Broward Meat and Fish Company and its designated agents and representatives to procure a consumer report to be generated for employment, promotion, reassignment, or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Broward Meat and Fish Company or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date