

Last Name

First Name

BROWARD CENTER

FOR THE PERFORMING ARTS

201 SW Fifth Avenue • Fort Lauderdale, Florida 33312 USA • Phone: 954.522.5334
• Fax: 954.468.3286 • www.browardcenter.org

APPLICATION FOR EMPLOYMENT

"An Equal Opportunity Employer"



BROWARD CENTER

FOR THE PERFORMING ARTS

201 SW Fifth Avenue • Fort Lauderdale, Florida 33312 USA • Phone: 954.522.5334

• Fax: 954.468.3286 • www.browardcenter.org

POSITION APPLYING FOR

Last Name	First Name	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever applied for employment with us? ____ yes ____ no If yes: Month and Year _____			Email Address: _____
Are you legally eligible for employment in the United States? ____ yes ____ no			Pay Expected \$
Are you 18 years of age or older? ____yes ____no			

School	Name and Location of School	Course of Study	No. of years Completed	Did you Graduate?	Degree or Diploma
High School					
Business/Trade/ Technical					
College					
Graduate					

List any relevant volunteer work and all periods of unemployment during the past 10 years.

Description of Activities or Volunteer Work	From	To
	Month ____ Year ____	Month ____ Year ____
	Month ____ Year ____	Month ____ Year ____
	Month ____ Year ____	Month ____ Year ____
	Month ____ Year ____	Month ____ Year ____

List membership(s) in professional, job-related organizations, certificates:

List Awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties:

Are you related to a PACA employee or is any member of your household employed by the Performing Arts Center Authority?

No _____ Yes _____

If yes, please give the Person's Name: _____

Relationship to you: _____

Employing Department: _____

Since your 18th birthday, have you been CONVICTED of ANY violation of the law, other than minor traffic offenses, or pleaded NOLO CONTENDERE/NO CONTEST to criminal charges, even if adjudication was withheld?

No _____ Yes _____ If yes, please give:

Nature of Offense: _____

Name and location of court: _____

Disposition of case: _____

_____ Date: _____

Note: A conviction does not automatically mean you cannot be employed by the PACA. The nature of the offense, how long ago it occurred, relationship to this job, etc. are given consideration.

Have you ever been involuntarily terminated from any position(s) of employment, or asked to resign from any position(s) of employment? No _____ Yes _____

If your answer to the above question was yes, please identify each employer(s), explain the circumstances, and provide the specific reason(s) given by the employer for the termination or request for your resignation.

Employment

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company Name	Telephone ()
Address	Employed (State month and year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed (State month and year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone ()
Address	Employed (State month and year) From _____ To _____
Name of Supervisor	Weekly Pay Start _____ Last _____
Job Title and Describe Your Work	Reason for Leaving

REFERENCES: List three personal references who are not relatives or former employers.			
Name and Occupation	Address	Telephone No.	Years Known

APPLICATION MUST BE SIGNED

APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW. UNSIGNED APPLICATION WILL BE VOIDED. I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Performing Arts Center Authority is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to discharge at any time. The Performing Arts Center Authority believes that the information solicited from the applicant is in full compliance with all Federal and State equal employment laws.

Signature of applicant _____ Date _____