

Swap Shop Management, LLC
3291 West Sunrise Blvd.
Ft. Lauderdale, FL 33311
(954)791-7927
www.floridaswapshop.com

**THE SWAP SHOP IS A DRUG FREE WORK PLACE
BACKGROUND CHECK REQUIRED PRIOR TO INTERVIEW:**

ALL APPLICANTS NEED TO GO TO THE
BROWARD SHERIFF'S OFFICE TO OBTAIN THE BACKGROUND CHECK.
THE SERVICE IS \$2.00

GO TO:

PUBLIC SAFETY BUILDING
BROWARD COUNTY SHERIFF'S OFFICE
2601 WEST BROWARD BLVD.
FT. LAUDERDALE, FL 33312

LOCATED AT THE CORNER OF NW 27th AVENUE AND BROWARD BLVD.

You may obtain a background check from any Broward County Sheriff's Office, but it must be the county – not local or city background.

****If you are from Dade or Palm Beach County, you need a background check from those counties in addition to the Broward County one.**

Thank you,
Human Resources

APPLICATION FOR EMPLOYMENT

THIS IS A DRUG-FREE WORKPLACE

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL

DATE: ___/___/___

Name: _____ Home Phone _____

LAST FIRST MIDDLE

Present Address: _____
STREET ADDRESS CITY STATE ZIP

How long have you been at this address? _____ Years _____ Months

Social Security Number: _____ / _____ / _____

Do you have a valid Driver's License? Yes ___ No ___ License No.: _____ State: _____

If not, State I. D. Number: _____ State: _____

Are you legally authorized to work in the United States? Yes ___ No ___

If No, will you have authorization to work by _____, 20____

Have you ever been convicted of any crime (excluding minor traffic violations, convictions that have been sealed, expunged or legally eradicated,) including DWI? Yes ___ No ___

If yes, describe the nature of the offense, location, date and disposition of the case. This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

Who should be contacted in case of emergency: _____

STREET ADDRESS CITY STATE ZIP

EMPLOYMENT DESIRED:

Are you seeking Full-Time _____ Part-Time _____ Temporary _____

Position applied

for _____

Date available to

start _____

Please specify any days or hours you would be unable or unwilling to

work. _____

Have you ever applied to our company before? Yes No

If yes, the date of your application, _____, _____

Have you ever worked for our company before? Yes No

If yes, the date of your employment, _____, _____

WORK HISTORY: (List below last four employers, starting with last one first).

<i>Date Month & Year</i>	<i>Name, Address & Phone of Employer</i>	<i>Salary</i>	<i>Position</i>	<i>Reason for Leaving</i>
From:				
To:				
From:				
To:				

From:				
To:				
From:				
To:				

Use the space below to describe why you are interested in working for our company.

EDUCATION:

<i>NAME, ADDRESS, AND LOCATION</i>	<i>DATES</i>	<i>DID YOU GRADUATE?</i>	<i>COURSES STUDIED</i>
HIGH SCHOOL	From: To:		
COLLEGE / TRADE SCHOOL	From: To:		
OTHER COLLEGE / TRADE SCHOOL	From: To:		

Are you planning to pursue further studies? Yes ___ No ___

List and describe any other School or Specialized Training _____

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

<i>NAME</i>	<i>ADDRESS</i>	<i>PHONE</i>	<i>OCCUPATION</i>

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF ANY INFORMATION REQUESTED IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR A DEFINITE PERIOD AND, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, MAY BE TERMINATED AT ANY TIME WITH OUT ANY PREVIOUS NOTICE.

DATE _____

SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

Interviewed by: _____

Date: _____

Summary of Interview: _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

The following is requested on a voluntary basis. The information you provide will not be sent to the program unit you are referred to for employment consideration. We need the information in order to evaluate the effectiveness of our equal employment opportunity affirmative action plan and it will be used only for research and analysis purposes. Information on this form will not aid or hinder your chances of being employed.

DATE: _____

SOCIAL SECURITY NO.: _____ / _____ / _____

NAME: _____

JOB/POSITION APPLIED FOR: _____

DATE OF BIRTH: _____ / _____ / _____

SEX: MALE: _____ FEMALE: _____

Race / Ethnic Categories (Check One)

___ **WHITE** (not of Hispanic origin): All person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

___ **BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

___ **HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

___ **ASIAN OR PACIFIC ISLANDER**: All persons having origins in any of the original people of the Far East, Southeast Asia, the Indians Subcontinent or the Pacific Island. This area includes, for examples, China, Japan, Korea, the Philippine Island and Samoa.

___ **AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.

Person with a disability

An individual

a. who has a physical or mental impairment (condition) that materially limits one or more major life activities; or

b. who has a record of such impairment; or

c. who is regarded as having such an impairment.

(Major life activities may include such activities as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, sitting, standing, lifting, breathing, learning and working)

According to the above definition, are you disabled? Yes ___ No ___

ATTENTION ALL PROSPECTIVE EMPLOYEES

Duties:

At the Swap Shop we work together as a team, which means that each department is responsible to help all other departments. As you interview, you will be told the various duties that will be assigned to you according to the job you are applying and interviewing for, but your duties are not restricted to those only. The Swap Shop demands of its employee's flexibility in position, which means that all employees are expected to do whatever is asked of them. You may be asked to sweep, mop, pick up trash or clean bathrooms, regardless of the job you are hired for. Also, your starting, ending and total hours of employment may change week to week.

Appearance Guidelines:

The Swap Shop appearance guidelines are conservative.

Hair must be in a natural fashion:

No unnatural colors, such as blue, pink, orange, etc.

Men's hair must be off the collar.

All hair styles should be conservative – no dreadlocks, spikes, etc.

Tattoos:

Employees are not allowed to have visible tattoos. Any tattoos must be covered at all times.

Body Piercing:

Employees are not allowed to have visible body piercings. Females are allowed to have pierced ears, but are limited to 2 earrings per ear.

Facial Hair:

No beards, goatee or extended side burns are allowed. Mustaches are allowed but only if it is fully grown in at the time of employment. Mustaches cannot extend below the corners of the mouth.

All employees must be clean-shaven every workday.

Mandatory Drug Screening Required Prior to Beginning Work:

After your interview, your application will go to administration, which will determine whether or not you will be hired based upon your availability, your experience, your desired pay, recommendations from your interview, and the hiring needs of the Swap Shop.

If you are chosen to work at the Swap Shop, the Human Resources Department will contact you for the drug screening. The drug screening will cost \$35.00, which must be paid up front by you in cash.

You will be reimbursed for this amount after three months of successful employment. You will not be reimbursed for the testing if you fail the drug screen, or if you do not work for the Swap Shop for at least THREE Months.

Signature: _____ **Date:** _____

Interviewer: _____ **Date:** _____

APPLICANT STATEMENT AND RELEASE

I certify that the information provided in my application for employment with the Swap Shop is true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the employer permission to contact schools, previous employers, references, and others. I hereby release the employer of any liability as the result of such contact. I understand that misrepresentation, omission of fact or incomplete information provided on my application or resumé may remove me from further consideration for employment. In addition, if I am employed, I understand that any misrepresentation or omission of fact on my application or resumé may subject me to discipline, up to and including dismissal, at any time without any previous notice. I also agree to comply with all rules, regulations and employment policies of Swap Shop Management, L.L.C. I understand, according to those rules, that the first 90 days of employment are probationary and that I may be terminated at any time during those 90 days for any reason. The Current Personnel Rules are available upon request and, I understand that they may be changed at any time.

A photocopy of this signed release shall have the same force and effect as the original release signed by me.

Applicant signature: _____

Applicant name (print) _____

Social Security Number _____ / _____ / _____