



National and State Park Concessions Pentagon

Providing Resource-Based Recreation While Interpreting and Preserving our Natural and Cultural Resources

16450 SE Federal Hwy Hobe Sound, FL 33455

Employment Application

National and State Park Concessions Pentagon, Inc., (NSPC, Inc.) is an equal opportunity employer. We enthusiastically accept our responsibility to make employment decisions without regard to race, religious creed, color, age, sex, sexual orientation, national origin, religion, marital status, medical condition, disability, military service, pregnancy, childbirth and related medical conditions, or any other classification protected by federal, state, and local laws and ordinances.

Please print in ink.

Applicant Information

Name:

Address:

City/State:

Zip Code:

Telephone: ())

Cell Phone #: ())

E-mail:

Do you have a valid driver's license?* Yes No State/License #:

Have you had any minor driving violation convictions in the past 36 months? Yes No If yes, please list date and type of conviction(s):

Have you had any serious driving violation convictions in the past 7 years? Yes No If yes, please list date and type of conviction(s):

Have you ever applied to, or worked for NSPC, Inc. before? Yes No If yes, when?

Do you have any friends or relatives working for NSPC, Inc.? Yes No
If yes, state name and relationship:

How did you hear about us/this opening?

State briefly why you would like to work for NSPC, Inc.:

Have you ever been convicted of a criminal offense (excluding any sealed or expunged convictions)? Yes No
(NOTE: Convictions for marijuana-related offenses that are more than two years old need not be listed. No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)
If yes, state the nature of the crime(s), when and where convicted, and disposition of the case: (use additional paper if required)

General Information About Employment Desired

Position applying for?

Full-time or part-time?

If part-time, hours per week desired: _____ Are you available for work on weekends? Yes No

Are you available to work holidays? Yes No Days of week you are available to work:

Hours you are available to work: _____ Are you available to be on-call? Yes No

Are you available to work nights?* Yes No Are you available to work overtime? Yes No

If hired, on what date could you start work?

Are you able to travel on company business?* Yes No If yes, % time willing to travel:

Hourly rate of pay or monthly salary desired:

*If required for the position you are seeking

Education and Training
(include on-the-job training):

	School/Location/Sponsor	Degree or Diploma	Did you graduate?	If No, Number of Years Attended
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Seminars/Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If your school records are listed under a different name(s), please enter this information here:

Special Skills

Are you proficient in American sign language? Yes No

Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at NSPC, Inc.? Yes No If yes, explain in detail below:

Professional Society Memberships: _____

Licenses (list states): _____

Use the space below to summarize other relevant experience, skills and background:

Do you currently possess:

A Class B Commercial Driver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of current personal vehicle insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current CPR Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current First Aid Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you do not currently have one of the above items, are you willing and able to obtain these as a condition of employment? Yes No

EMPLOYMENT

Please list last 10 years of employment (Most Recent First.)

1. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

2. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

4. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

5. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

6. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

7. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask the interviewer or the Human Resources Department about it before signing).

_____ I hereby authorize NSPC, Inc. to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to NSPC, Inc. any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release NSPC, Inc., my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

_____ If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that NSPC, Inc. may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

_____ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between me and NSPC, Inc. In addition, I understand and agree that if I am employed, my employment relationship with NSPC, Inc. is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at anytime, with or without prior notice, with or without cause or reason, at the option of either myself or NSPC, Inc. and that no promises or representations contrary to the foregoing are binding on NSPC, Inc. unless made in writing and signed jointly by the Department Director and myself.

_____ I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or NSPC, Inc. benefits, policies and procedures will not alter our at-will and arbitration agreements.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

_____ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by NSPC, Inc's auto insurance, if required for my position.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date