



**Application for Employment**  
(Please Print)

A Fare Extraordinaire is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

**Position Applied For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Check one) Full Time : \_\_\_\_\_ Part Time: \_\_\_\_\_

**I. Personal Information**

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
<i>Present Address</i>	<i>City, State, County</i>	<i>Zip Code</i>
<i>Telephone Number</i>	<i>Email Address</i>	<i>Social Security Number</i>

*Permanent Address (if different than above)*

*If at present address less than 2 years, please complete the following:*

<i>Address</i>	<i>City, State, County</i>	<i>Zip Code</i>
<i>Address</i>	<i>City, State, County</i>	<i>Zip Code</i>

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Resident Alien information, etc.) prior to the effective date of employment. Failure to submit such information shall render an offer for employment null and void.**

**Due to the nature of AFE business, you must be of Legal Age to qualify for employment at AFE and any affiliated company. TABC will not authorize anyone under the age of eighteen to handle alcohol.**

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: \_\_\_\_\_
2. Do you have any relatives who are presently (or have formerly been) employed by A Fare Extraordinaire? \_\_\_\_\_  
If so, who \_\_\_\_\_
3. How were you referred to A Fare Extraordinaire.? \_\_\_\_\_
4. Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_



## II. Educational History

	<b>School Name</b>	<b>Years Completed</b>	<b>Degree / Diploma</b>
<b>Elementary / Jr. High</b>			
<b>High School</b>			
<b>College</b>			
<b>Technical / Other</b>			

## III. Employment Record

*Please include all employment for the last five years. Start with most recent first*

1.

<b>Company Name</b>	<b>Hire Date:</b> <b>Held</b>	<b>Position</b>	
<b>Address, City, State, Zip</b>	<b>Exit Date:</b>	<b>Manager / Supervisor Name</b>	
<b>Telephone Number</b>	<b>Starting Wage</b>	<b>Ending Wage</b>	
<b>Reason For Leaving:</b>			

2.

<b>Company Name</b>	<b>Hire Date:</b> <b>Held</b>	<b>Position</b>	
<b>Address, City, State, Zip</b>	<b>Exit Date:</b>	<b>Manager / Supervisor Name</b>	
<b>Telephone Number</b>	<b>Starting Wage</b>	<b>Ending Wage</b>	
<b>Reason For Leaving:</b>			

3.

<b>Company Name</b>	<b>Hire Date:</b> <b>Held</b>	<b>Position</b>	
<b>Address, City, State, Zip</b>	<b>Exit Date:</b>	<b>Manager / Supervisor Name</b>	
<b>Telephone Number</b>	<b>Starting Wage</b>	<b>Ending Wage</b>	



<b>Reason For Leaving:</b>		

**NOTE:** Use a separate sheet to list additional employers, if necessary . We will contact all of the employers listed on this application unless you specifically exclude them below.

**Please list any employers you do not want us to contact and your reason for the exclusion:**

(Employer's Name)	Reason

(Employer's Name)	Reason

## IV. References

*Please do not include relatives or former employers.*

1	<b>Name</b> Years Known:	<b>Address</b>	<b>Telephone</b>
2	<b>Name</b> Years Known:	<b>Address</b>	<b>Telephone</b>
3	<b>Name</b> Years Known:	<b>Address</b>	<b>Telephone</b>
4	<b>Name</b> Years Known:	<b>Address</b>	<b>Telephone</b>

## V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?  
\_\_\_\_\_
  
2. Do you have any objection to working overtime?      ( ) Yes      ( ) No
3. Can you work overtime without prior notice?      ( ) Yes      ( ) No
4. Can you work on Saturday?      ( ) Yes      ( ) No
5. Can you work on Sunday?      ( ) Yes      ( ) No
6. Can you travel if required by this position?      ( ) Yes      ( ) No
7. How late can you work in the evenings?      \_\_\_\_\_



## **Applicant Information & Release**

### **Authorization & Release:**

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold A Fare Extraordinaire, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Pre-Employment & Random Drug Testing – Management / Exempt Only:**

I understand that my employment at A Fare Extraordinaire, for any position identified is contingent upon passing a Pre-employment drug screening test for the following five drugs: marijuana, cocaine, opiates, phencyclidine (PCP) and amphetamines or their metabolites. Once employed by A Fare Extraordinaire, I understand that I will be subject to random testing and if the circumstances deem necessary, will also be subject to periodic testing, post-accident, reasonable cause and return to duty testing. I further understand that A Fare Extraordinaire does not tolerate the use of illegal substances and that, should my drug test results demonstrate positive intake of such substances, I am subject to immediate termination.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Sexual Harassment:**

I understand A Fare Extraordinaire does not condone sexual harassment. Sexual Harassment is unsolicited, non-reciprocal behavior by an employee who is in a position of control to affect another person's job status and who uses the power or authority of that position to cause the employee to submit to sexual activity, or to fear that he or she would be punished for refusal to submit. Sexual Harassment also includes conduct that unreasonably interferes with another's work performance by creating an intimidating, hostile or offensive working environment. Sexual Harassment consists of a variety of behaviors by employees directed to other employees including, but not limited to, subtle pressure for sexual activity, inappropriate touching, inappropriate language, demands for sexual favors and physical assault.

A Fare Extraordinaire will treat sexual harassment as any other form of misconduct and does not tolerate such behavior. An employee deemed to have sexually harassed another employee will be subject to immediate termination. Employees who are sexually harassed are encouraged to discuss the situation with their supervisor(s) or another Corporate Representative. Filing a complaint or participating in an investigation or harassment will, in no way, jeopardize the employment of the reporting employee.



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



### Criminal Record Check / Release of Personal Information Consent Form

I, \_\_\_\_\_, (applicant's name), hereby authorize A Fare Extraordinaire to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state, or federal laws. This information will include, but not limited to, allegations regarding and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, or from third party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact the agency. I further understand that until A Fare Extraordinaire receives notification from that agency clearing me, my application will be deferred.

As an applicant for an A Fare Extraordinaire position, I hereby attest to the truthfulness of the representations that I have made. Except as I have disclosed, I have not been found guilty of, nor entered a plea of nolo contendere or guilty to any offense similar to those listed on the application. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency nor entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or of any other state for any acts similar in nature to those listed on the application.

I further attest that I have not been judicially determined to have committed abuse or neglect of a child; nor do I have a confirmed report of child abuse or neglect or exploitation which has been uncontested or upheld administratively under the laws of this or any other state.

I understand that I must be truthful, and if any statement I have made is found to be false, I will be denied A Fare Extraordinaire employment or, if already accepted, terminated by A Fare Extraordinaire. Further, I understand that from time to time, I might be requested to work at an AFE event where special security precautions will be in place. This might require disclosing certain personal information of mine, as may be required by the Secret Service or other law enforcement agencies. I understand that

such personal information might include my name, date of birth, race, event position, and social security number.

I understand that the Staffing Director will inform me in advance if I am being asked to work at an event with special security precautions. I further understand that if I choose not to have my personal information disclosed to the Secret Service, I may choose to decline working at the event and AFE acknowledges that there will be no negative consequences to my declination. However, if I do choose to work at an AFE event with special security precautions, I understand that I am also granting AFE permission to release certain information as described above for such event.

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

Full Name of Applicant: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Date of Birth: \_\_\_\_\_