

**Palm Beach Kennel Club**  
**1111 North Congress Avenue**  
**West Palm Beach, FL 33409**

**Application for Employment**

Instructions:

1. Type or Print Name
2. Answer each question
3. Read application carefully-then sign and date
4. Incomplete applications may delay review process.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address/Apt #: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Application: \_\_\_\_\_  
 Telephone Number: ( ) - \_\_\_\_\_  
 Alternate Phone Number: ( ) - \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_  
 Are you 18 years of age or older? Yes  No   
 If not, state date of birth: \_\_\_\_\_

What type of work do you prefer? What position are you applying for?	
Give name of friends or relatives employed by PBKC (Department).	Wage or Salary Required   Date available for work
Have you ever been convicted of a Felony? <i>If Yes, please explain:</i> Yes <input type="checkbox"/> No <input type="checkbox"/> (Record of conviction does not disqualify the applicant from employment consideration.)	Would you have steady transportation to work? Yes <input type="checkbox"/> No <input type="checkbox"/>
May we contact your present employer? <i>If No, Explain:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you interested in: (Check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary
Have you ever worked at PBKC? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, where and when, and if under a different name than above.</i>	Have you ever applied for work at PBKC? <i>If yes, when, what department and if under a different name than above.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked at another Pari-mutuel? <i>If yes, where?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a valid: (Check all that apply) Class D Security License <input type="checkbox"/> Pari-mutuel License <input type="checkbox"/> Poker Dealers Certificate <input type="checkbox"/>
Have you ever been discharged or requested to resign from a position? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, explain</i>	Have you ever held a position of trust (handling money or confidential material)? Yes <input type="checkbox"/> No <input type="checkbox"/>

**EDUCATION**

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	MAXIMUM GRADE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL						
COLLEGE OR UNIVERSITY						
OTHER EDUCATION						

**Employment**

List all employment (Include U.S. Military Service). Start with present or most recent position. Include all jobs (or last four jobs, whichever is less). You may attach a resume for additional information, but this area must be completed.

Dates				NAME, TELEPHONE AND ADDRESS Of Employer	Job Titles and Duties	Reason For Leaving
From		To				
Mo.	Yr.	Mo.	Yr.			
Mo.	Yr.	Mo.	Yr.			
Mo.	Yr.	Mo.	Yr.			
Mo.	Yr.	Mo.	Yr.			

Briefly describe the duties of your last two jobs, including supervisory responsibility, if any. Identify Employer.

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In what work related areas do you consider yourself most proficient?

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**Affirmation (Important- Read Carefully)**

This application shall remain active for 60 days. After 60 days, if I am still interested in employment with the PBKC, I will complete a new application.

I, certify that the answers given by me are true and correct to the best of my knowledge and agree that falsification and/or omission of material facts in this application may be cause for dismissal or disqualification. I hereby authorize any individual, company, or institution with whom I have been associated to furnish PBKC with any information concerning my employability which they have on record, or otherwise, and do hereby release the individual, company, or institution and all individuals concerned therewith from all liability whatsoever incurred in furnishing such information.

I further agree that if employed I shall abide by and comply with all the laws of racing of the State of Florida and the rules and regulations of the State of Florida Racing Commission and the rules of the Palm Beach Kennel Club, including acquiring and/or renewing a pari-mutuel state license at my expense.

I understand and agree that a medical evaluation which includes tests to detect the use of drugs or controlled substances and the misuse of prescribed medication is required. A failure or refusal to be drug tested terminates any further pre-employment processing. I understand that any offer of employment is contingent upon the results of any medical evaluations that may be required and the drug test. I further understand that I will be excluded from employment as a consequence of the results of the medical evaluation only if it is determined that I do not fulfill certain employment criteria which are job-related and consistent with business necessity.

To comply with the Immigration Reform and Control Act of 1986, I will provide you with documents to establish my identity and my authorization to be employed in the United States of America.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_