

Sightseeing Tours Mgmt, Inc.

555 N.E. 15 Street Suite 102
Miami, Florida 33132
Equal Opportunity Employer.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY #:
OTHER NAME(S) USED:	HOME TELEPHONE #:		OTHER PHONE #:
HOME ADDRESS (STREET):	CITY, STATE, ZIP CODE:		E-MAIL ADDRESS:
<i>I understand that if I am hired, my employment with the company is contingent upon satisfactory proof of my authorization to work in the United States:</i>			Please initial: <input style="width: 50px; height: 20px;" type="text"/>
If applying for a position that involves driving, do you possess a valid Drivers' License?			<input type="radio"/> YES <input type="radio"/> NO
Have you ever interviewed with the Company or its affiliates before?			<input type="radio"/> YES <input type="radio"/> NO <small>If yes, please list:</small>
Have you ever been employed by the Company or its affiliates before?			<input type="radio"/> YES <input type="radio"/> NO <small>If yes, please list:</small>
Do you have any relatives employed by the Company or its affiliates?			<input type="radio"/> YES <input type="radio"/> NO <small>If yes, please list:</small>
Have you ever been convicted of, plead guilty or no contest to, an offense other than a minor traffic violation?			<input type="radio"/> YES <input type="radio"/> NO <small>(A conviction may not necessarily exclude you from employment consideration unless in conflict with the type of work for which you have applied.)</small>

If yes, please provide details:

GENERAL INFORMATION			
POSITION(S) APPLIED FOR (LIST ALL):	SALARY DESIRED:	REFERRED TO BY (LIST ORGANIZATION OR EMPLOYEE):	
PREFER FULL-TIME OR PART-TIME:	DATE YOU CAN START:	LIST TIMES YOU ARE AVAILABLE (SCHEDULE PREFERRED):	
LIST ANY SKILLS YOU POSSES OR MACHINES/EQUIPMENT YOU CAN OPERATE:		LIST ANY COMPUTER PROGRAMS YOU ARE FAMILIAR WITH:	
HAVE YOU SERVED IN THE US ARMED FORCES? <input type="radio"/> YES <input type="radio"/> NO	BRANCH:	FINAL RANK:	DATES OF SERVICE (MM/YYYY TO MM/YYYY):

EDUCATION INFORMATION			
INSTITUTION NAME & LOCATION:	HIGH SCHOOL	COLLEGE/UNIVERSITY/TRADE	GRADUATE/PROFESSIONAL
YEARS COMPLETED (CIRCLE):	9 10 11 12	1 2 3 4	1 2 3 4
DATE OF DIPLOMA/DEGREE:			
SUBJECTS-MAJOR/SCHOLASTIC HONORS/ACTIVITIES:			

PERSONAL / PROFESSIONAL REFERENCES					
<small>NOTE: Provide names of three (3) persons not related to you who are qualified to evaluate your capabilities. Each section MUST be answered completely or the entire application may be rejected. Incorrect telephone numbers may also disqualify this application.</small>					
FIRST AND LAST NAME	CITY/STATE	TELEPHONE (W/ AREA CODE)	YRS KNOWN	OCCUPATION	RELATIONSHIP

The Company provides employment, training, compensation, promotion and other conditions of employment according to State and Federal EEOC guidelines. We welcome your application!

EMPLOYMENT HISTORY						Current / Most Recent Position	
NAME OF COMPANY:		ADDRESS (CITY/STATE):		TELEPHONE:		YOUR TITLE/POSITION:	
JOB DUTIES: <i>(Place additional information on separate sheet or attach resume'.)</i>				NAME OF SUPERVISOR:		TITLE OF SUPERVISOR:	
DATE HIRED (MM/YY):	DATE OF TERM:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:		MAY WE CONTACT: <input type="radio"/> YES <input type="radio"/> NO	
Previous Position							
NAME OF COMPANY:		ADDRESS (CITY/STATE):		TELEPHONE:		YOUR TITLE/POSITION:	
JOB DUTIES: <i>(Place additional information on separate sheet or attach resume'.)</i>				NAME OF SUPERVISOR:		TITLE OF SUPERVISOR:	
DATE HIRED (MM/YY):	DATE OF TERM:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:		MAY WE CONTACT: <input type="radio"/> YES <input type="radio"/> NO	
Next Previous Position							
NAME OF COMPANY:		ADDRESS (CITY/STATE):		TELEPHONE:		YOUR TITLE/POSITION:	
JOB DUTIES: <i>(Place additional information on separate sheet or attach resume'.)</i>				NAME OF SUPERVISOR:		TITLE OF SUPERVISOR:	
DATE HIRED (MM/YY):	DATE OF TERM:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:		MAY WE CONTACT: <input type="radio"/> YES <input type="radio"/> NO	
Next Previous Position							
NAME OF COMPANY:		ADDRESS (CITY/STATE):		TELEPHONE:		YOUR TITLE/POSITION:	
JOB DUTIES: <i>(Place additional information on separate sheet or attach resume'.)</i>				NAME OF SUPERVISOR:		TITLE OF SUPERVISOR:	
DATE HIRED (MM/YY):	DATE OF TERM:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:		MAY WE CONTACT: <input type="radio"/> YES <input type="radio"/> NO	

I certify that the above information is true and accurate to the best of my knowledge and subject to verification. I understand that if employed I may be subject to dismissal if any information I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery. Further, I understand that any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment, or, if employed, termination by the Company.

Although Management makes every effort to accommodate individual preferences, business needs at times make the following conditions mandatory: overtime, shift work, a rotating work schedule or a work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment.

I authorize any inquiries into my educational, professional and past employment history or references as needed to research my qualifications for this position. I authorize all prior associates, persons, schools, current and previous employer(s) and other organizations or holders of pertinent information named in this application to release employment-related information about me to the Company. I certify that I will hold the Company and the aforementioned person(s) harmless from any claim made on the basis of the information provided or in the event that such information was used as the basis of any employment decision. I understand this may also include information relative to criminal history, as well as credit or consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide ORIGINAL documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of the Form I-9.

I hereby acknowledge that I have carefully read, understand and agree to the above statements and my signature has been provided voluntarily and without provocation.

APPLICATION VERIFICATION			THIS APPLICATION WILL RECEIVE ACTIVE CONSIDERATION FOR THIRTY DAYS.		
SIGNATURE OF APPLICANT:		PRINTED NAME OF APPLICANT:		DATE OF SIGNATURE:	