



## FAFO JOB APPLICATION

**Fine Arts For Ocala, FAFO, inc.  
120 SW 5th St., Suite 106, Ocala, Florida 34471 352-867-0355**

**Please fill out the application and email it to [fafoocala@gmail.com](mailto:fafoocala@gmail.com)**

Fine Arts For Ocala, FAFO, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

### Applicant Information

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

How did you hear about this position?

\_\_\_\_\_

If needed, are you available to work overtime?

\_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_

### **Personal Information**

Are you 18 years of age or older? \_\_\_\_\_

Are you a U.S. citizen or approved to work in the United States? \_\_\_\_\_

What document can you provide as proof of citizenship or legal status?

\_\_\_\_\_

Will you consent to a mandatory controlled substance test? \_\_\_\_\_

Do you have any condition which would require job accommodations? If yes, please describe accommodations required below.

\_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

\_\_\_\_\_

### **Employment Position**

*The Position applying for:* Administrative Coordinator for FAFO, inc. (part time)

\_\_\_\_\_

### **Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Note: Fine Arts For Ocala, FAFO, inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. )

## **Education and Training**

### **College/University**

Degree Earned \_\_\_\_\_

Location (City, State) \_\_\_\_\_

Year Graduated \_\_\_\_\_

### **Vocational School/Specialized Training**

Degree Earned \_\_\_\_\_

Location (City, State) \_\_\_\_\_

Year Graduated \_\_\_\_\_

## **Previous Employment**

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: Employer Address:

\_\_\_\_\_  
City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:

**Employer Name:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor Name: Employer Address:

\_\_\_\_\_  
City, State and Zip Code: Employer Telephone: Dates Employed: Reason for leaving:

\_\_\_\_\_

## *References*

Please provide 3 personal and professional reference(s) below:

**1. Name of the Person:** \_\_\_\_\_

**Contact Information:**

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**2. Name of the Person:** \_\_\_\_\_

**Contact Information:**

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**3. Name of the Person:** \_\_\_\_\_

**Contact Information:**

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

## *Additional Information:*

Do you have Experience being an Administrator, if yes, please describe:

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Please list your Facebook & Instagram links if you have them:

**Facebook:** \_\_\_\_\_

**Instagram:** \_\_\_\_\_

***AT-WILL EMPLOYMENT***

The relationship between you and the Fine Arts For Ocala, FAFO, inc. is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Fine Arts For Ocala, FAFO, inc.. No representative of Fine Arts For Ocala, FAFO, inc. has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature:

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Dated: \_\_\_\_\_