



JOB APPLICATION

Qualified applicants receive consideration for employment without discrimination because of gender, marital status, race, color, creed, disability, national origin, age or any other characteristic protected by law.

DATE _____

GENERAL INFORMATION

NAME

(Last)

(First)

SOCIAL SECURITY NUMBER

No. & Street _____

City State, Zip _____

Telephone _____

Cell _____

REFERRAL SOURCE: Newspaper Friend Relative School Employment Agency State Agency Other _____

POSITION(S) Employment Positions Applied for:

			YES	NO
1st Choice	No. of years experience	Will you accept temporary work?	<input type="checkbox"/>	<input type="checkbox"/>
		Will you accept Part-time work?	<input type="checkbox"/>	<input type="checkbox"/>
		Will you accept Full-time work?	<input type="checkbox"/>	<input type="checkbox"/>
		Will you be willing to work days?	<input type="checkbox"/>	<input type="checkbox"/>
2nd Choice	No. of years experience	Will you be willing to work nights?	<input type="checkbox"/>	<input type="checkbox"/>
		Will you be willing to work holidays?	<input type="checkbox"/>	<input type="checkbox"/>
		Will you be willing to work week-ends?	<input type="checkbox"/>	<input type="checkbox"/>

Salary desired _____

Date available _____

PERSONAL

	YES	NO		YES	NO
Do you have a legal right to work in this country?	<input type="checkbox"/>	<input type="checkbox"/>	Are you on lay-off status from another company and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>
Are you over 21 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	Other names under which you have been employed:		
Have you ever worked for our Company before?	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, state position, date left and reason:

Supervisor: _____

Do you have relatives working for our company? YES NO

Name: _____

Department: _____

Name and Address of person to notify in case of emergency:

Name: _____

Address: _____

Telephone: _____

LEGAL/MEDICAL

	YES	NO		YES	NO
Have you ever been convicted of a misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>

If yes to either conviction, explain. Give date & place of conviction:

Note: Previous conviction does not exclude an applicant from consideration for employment.

EDUCATION

College degrees and vocational certificates will be verified.

City-State

Last Grade Completed

Major

High School

College (Undergraduate)

Graduate School

Technical or Vocational School

PREVIOUS EMPLOYMENT

1. Business Name	Type of Business	Reason for Leaving:	DATE STARTED
Address	Position, Title	Describe your duties:	DATE ENDED
City, State	Supervisor		
Telephone	Salary: Hr. _____ Wk. _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Business Name	Type of Business	Reason for Leaving:	DATE STARTED
Address	Position, Title	Describe your duties:	DATE ENDED
City, State	Supervisor		
Telephone	Salary: Hr. _____ Wk. _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Business Name	Type of Business	Reason for Leaving:	DATE STARTED
Address	Position, Title	Describe your duties:	DATE ENDED
City, State	Supervisor		
Telephone	Salary: Hr. _____ Wk. _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Business Name	Type of Business	Reason for Leaving:	DATE STARTED
Address	Position, Title	Describe your duties:	DATE ENDED
City, State	Supervisor		
Telephone	Salary: Hr. _____ Wk. _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Business Name	Type of Business	Reason for Leaving:	DATE STARTED
Address	Position, Title	Describe your duties:	DATE ENDED
City, State	Supervisor		
Telephone	Salary: Hr. _____ Wk. _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL Please provide any additional information about yourself you wish us to consider in determining your eligibility for employment.

PROFESSIONAL REFERENCES

Name	Address	Telephone

AFFIDAVIT I certify that the answers given by me to the foregoing questions and statements are true and correct without omissions of any kind whatsoever. I hereby give Shephard's Beach Resort my consent to perform any necessary background credit and reference checking as they deem necessary in order to properly determine my suitability for employment with Shephard's Beach Resort I authorize investigation of all statements contained in this application as shall be necessary in arriving at an employment decision. I further understand and agree that a false statement herein is grounds for denial of employment or basis for dismissal if already employed.

Date: _____ Signed _____