

TRI-TOWN BEACH

APPLICATION FOR EMPLOYMENT

Position Applied For:

Date of Application:

Last Name: First Name:

Address:

Telephone Home: Cell:

Date of Birth:

Email address:

	Y	N
If you are under 18 years of age, can you provide proof of eligibility to work		
Have you ever filed an application with us before?		
If so, when:		
Have you ever been employed with us before?		
If so, when:		
Are you currently employed?		
May we contact your present employer?		
On what date are you available to start work?		
Are there any dates you are not available?		
Do you understand that you will be required to work weekends and/or holidays?		
Have you ever been convicted of a felony?		
If yes, explain:		

EDUCATION:

Elementary School:

High School:

College:

Describe and specialized training, apprenticeship, skills, extra-curricular activities:

Previous EMPLOYMENT:

Employer:

Address:

Telephone #:

Job Title:

Dates worked:

Employer:

Address:

Telephone #:

Job Title:

Dates worked:

Dates Unavailable to work between June and August

Qualifications/Certifications:

REFERENCES: Name/Phone #

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the organization is 'at will', meaning that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this 'at will' employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signed by:

Printed Name:

Date: