

APPLICATION FOR EMPLOYMENT



Please PRINT clearly and COMPLETE all items using blue or black ink.

DATE: _____

* Are you 18 or over?
If under 18 can you furnish a work permit?

Yes No
 Yes No

All offers of employment are subject to verification of your legal right to work in the United States. If offered employment, you will be notified of the proof you will need to submit to the Company to establish your right to work in the United States.

Full Name - Last First Middle Telephone # Home Cell Social Security # (Optional)

Address: Street Apt. # City State Zip

Have you used any other name? Yes No If Yes, please List: _____

How did you learn about The Beachcomber? Walk-in Newspaper Referral Internet Other _____

Have you ever worked for The Beachcomber before? Yes No If Yes, When: _____

Do you have any relatives working at The Beachcomber? Yes No If Yes, Name: _____

CONVICTION OF A CRIME WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT

AS AN ADULT HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? YES NO IF YES - WHEN, WHERE AND DISPOSITION:

DO NOT LIST THE FOLLOWING: 1) Arrests or detentions that did not result in conviction; 2) convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; 3) misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; 4) any arrest for which pretrial diversion program has been completed; 5) any misdemeanor marijuana conviction more than two years old.

ARE YOU CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

EMPLOYMENT DESIRED:

Days & Hours Available to Work:

POSITION: _____

Team Members must be able to work evenings & weekends

HOURLY / ANNUAL SALARY DESIRED: _____

Full Time Part Time Seasonal

DATE YOU CAN START: _____

Check here if available for any hours.

If restrictions, indicate available hours below

DO YOU POSSESS A PROFESSIONAL TRADE LICENSE CERTIFICATE: YES NO

Type: _____ Issued by: _____

Expires: _____

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							

EDUCATION	Name & Location of School	Course of Study	Years Completed	Graduated	Degree Received
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College					
Business, Trade, Other					

REFERENCES: Give below the names of three professional references or people not related to you whom you have known for at least one year.

Name	Phone	Address	Relationship	Years Known

