



## APPLICATION FOR EMPLOYMENT

Qualified applicants receive consideration for employment without discrimination because of sex; marital status, race, color, creed, national origin, age, or the presence of non-job related handicaps. We are an equal opportunity employer.

<b>GENERAL INFORMATION</b>	(Last)	(First)	(Middle)	SOCIAL SECURITY
NAME _____				NUMBER _____

<b>CURRENT ADDRESS</b> No. & Street _____ City, State, Zip _____ Telephone _____ How long there? _____ REFERRAL SOURCE: Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> State Agency <input type="checkbox"/> Other _____	<b>LAST PREVIOUS</b> No. & Street _____ City, State, Zip _____ How long there? _____
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**POSITION (S)** Employment Position(s) Applied For:

<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">1st Choice _____</td> <td style="width: 40%;">No. of years Experience _____</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Will you accept temporary work?.....</td> <td style="width: 10%;">YES <input type="checkbox"/></td> <td style="width: 10%;">NO <input type="checkbox"/></td> <td style="width: 10%;"></td> </tr> <tr> <td>Will you accept Part-time work?.....</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Will you accept Full-time work?.....</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Date available for work..</td> <td colspan="3">_____</td> </tr> </table>	1st Choice _____	No. of years Experience _____	Will you accept temporary work?.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Will you accept Part-time work?.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Will you accept Full-time work?.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Date available for work..	_____			<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">2nd Choice _____</td> <td style="width: 40%;">No. of years Experience _____</td> </tr> </table> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Are you willing to work days?.....</td> <td style="width: 10%;">YES <input type="checkbox"/></td> <td style="width: 10%;">NO <input type="checkbox"/></td> <td style="width: 10%;"></td> </tr> <tr> <td>Are you willing to work nights?.....</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Are you willing to work weekends?.....</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Are you willing to work holidays?.....</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td></td> </tr> </table>	2nd Choice _____	No. of years Experience _____	Are you willing to work days?.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Are you willing to work nights?.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Are you willing to work weekends?.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Are you willing to work holidays?.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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**PERSONAL**

<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Do you have a legal right to work in this country?</td> <td style="width: 10%;">YES <input type="checkbox"/></td> <td style="width: 10%;">NO <input type="checkbox"/></td> <td style="width: 10%;"></td> </tr> <tr> <td>Are you over 18 years of age?</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td></td> </tr> <tr> <td>If applying for a position requiring you to serve alcoholic beverages, are you old enough to legally serve alcohol?</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Have you ever worked for our company before? If yes, state position, date left &amp; reason _____</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td></td> </tr> </table>	Do you have a legal right to work in this country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Are you over 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		If applying for a position requiring you to serve alcoholic beverages, are you old enough to legally serve alcohol?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Have you ever worked for our company before? If yes, state position, date left & reason _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>		<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Are you on lay-off status from another company?</td> <td style="width: 10%;">YES <input type="checkbox"/></td> <td style="width: 10%;">NO <input type="checkbox"/></td> <td style="width: 10%;"></td> </tr> <tr> <td>Other names under which you have been employed _____</td> <td colspan="3"></td> </tr> <tr> <td>Do you have relatives working for our company?</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Name _____</td> <td colspan="3"></td> </tr> <tr> <td>Location _____</td> <td colspan="3"></td> </tr> </table>	Are you on lay-off status from another company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Other names under which you have been employed _____				Do you have relatives working for our company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Name _____				Location _____			
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**LEGAL/MEDICAL**

<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Have you ever been convicted of a misdemeanor?</td> <td style="width: 10%;">YES <input type="checkbox"/></td> <td style="width: 10%;">NO <input type="checkbox"/></td> <td style="width: 10%;"></td> </tr> <tr> <td>Have you ever been convicted of a felony? If yes, please explain, give date &amp; place of conviction _____</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td></td> </tr> </table>	Have you ever been convicted of a misdemeanor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Have you ever been convicted of a felony? If yes, please explain, give date & place of conviction _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>		<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Do you have any physical condition or handicap, which may limit your ability to perform the position applied for? If yes, please explain _____</td> <td style="width: 10%;">YES <input type="checkbox"/></td> <td style="width: 10%;">NO <input type="checkbox"/></td> <td style="width: 10%;"></td> </tr> <tr> <td>Do you have any communicable disease which could be transmitted through food handling? If no, are you willing to have a health department examination certifying this fact?</td> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> <td></td> </tr> </table>	Do you have any physical condition or handicap, which may limit your ability to perform the position applied for? If yes, please explain _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>		Do you have any communicable disease which could be transmitted through food handling? If no, are you willing to have a health department examination certifying this fact?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		<p>Note: previous conviction does not exclude an applicant for consideration for employment. _____</p>
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**EDUCATION** College Degrees and vocational certificates will be verified

Name \_\_\_\_\_ City-State \_\_\_\_\_ Major \_\_\_\_\_ Last Grade Completed \_\_\_\_\_ YES  
 NO \_\_\_\_\_ Are you a continuing student?

\_\_\_\_\_ If yes, please fill out current or upcoming semester  
 ELEMENTARY \_\_\_\_\_ schedule \_\_\_\_\_  
 HIGH SCHOOL \_\_\_\_\_  
 COLLEGE (Undergraduate) \_\_\_\_\_  
 GRADUATE SCHOOL \_\_\_\_\_

**EMPLOYMENT RECORDS** Give a complete record of your last four jobs and reasons for period's unemployed. Start with most recent experience. May we contact your present employer? YES  NO

1	Name & Address of Company	Type of Business	Reason for leaving		Date Ended Mo. Yr.
	Telephone	Position Title	Supervisor	Weekly Starting	Weekly Ending
Describe work you did (task, responsibilities,					Date Started Mo. Yr.
2	Name & Address of Company	Type of Business	Reason for leaving		Date Ended Mo. Yr.
	Telephone	Position Title	Supervisor	Weekly Starting	Weekly Ending
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	Telephone	Position Title	Supervisor	Weekly Starting	Weekly Ending
Describe work you did (task, responsibilities,					Date Started Mo. Yr.

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

**PERSONAL REFERENCES** Not former employers or relatives.  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

**AFFADAVIT** 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 authorize investigation of all statements contained in this application as may 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. I understand that if hired by Beach House Grill, my employment will be of indefinite duration and that either the company or I will be free to terminate this employment relationship at will at any time. I further understand that any representations to the contrary are unauthorized and void unless contained in a written employment contract.

Date \_\_\_\_\_  
Signed \_\_\_\_\_