

Manursing Island Club



We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, disability or any other protected group. Please advise us if any accommodation is needed to participate in the application process.

APPLICATION DATE: _____

NAME		
STREET ADDRESS		
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	
EMAIL ADDRESS		

POSITION DESIRED				
SALARY/WAGE DESIRED		PERIOD AVAILABLE FOR WORK		
FULL TIME	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>	TEMPORARY IF SO, SPECIFY
				<input type="checkbox"/>
ARE YOU WILLING TO WORK OVERTIME AS REQUESTED?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
			N/A	<input type="checkbox"/>
AGE: ARE YOU AT LEAST 18 YEARS OLD?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
ARE YOU AT LEAST 21 YEARS OLD?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
THE HOSPITALITY INDUSTRY REQUIRES DAY, EVENING, NIGHT AND WEEKEND WORK. PLEASE LIST ANY DAYS OF THE WEEK OR SHIFTS THAT YOU WILL NOT BE ABLE TO WORK. PLEASE LIST DAYS AND HOURS PREFERRED.				

WORK EXPERIENCE

List your previous experience beginning with your most recent position. If additional space is needed, attach a supplement sheet.

EMPLOYER		PHONE		
ADDRESS (STREET, CITY, STATE & ZIP)				
STARTING POSITION	STARTING SALARY	LAST POSITION	FINAL SALARY	
DATES EMPLOYED	IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
FROM:	TO:			
DUTIES				

EMPLOYER		PHONE		
ADDRESS (STREET, CITY, STATE & ZIP)				
STARTING POSITION	STARTING SALARY	LAST POSITION	FINAL SALARY	
DATES EMPLOYED	IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
FROM:	TO:			
DUTIES				

EMPLOYER		PHONE		
ADDRESS (STREET, CITY, STATE & ZIP)				
STARTING POSITION	STARTING SALARY	LAST POSITION	FINAL SALARY	
DATES EMPLOYED	IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
FROM:	TO:			
DUTIES				

EMPLOYER		PHONE		
ADDRESS (STREET, CITY, STATE & ZIP)				
STARTING POSITION	STARTING SALARY	LAST POSITION	FINAL SALARY	
DATES EMPLOYED	IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
FROM:	TO:			
DUTIES				

EDUCATION AND TRAINING

SCHOOL	NAME, STREET, CITY, STATE AND ZIP CODE FOR EACH SCHOOL	NUMBER OF YEARS COMPLETED	GRADUATED	MAJOR
HIGH SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				

APPLICATION (CONT')

WHICH LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK?

IF JOB RELATED, INDICATE THE KINDS OF WORK WHICH YOU HAVE DONE:

TYPING (____WPM)

WORD PROCESSING EQUIPMENT (TYPES) _____

SHORTHAND (____WPM)

COMPUTERS (TYPES) _____

OTHER _____

ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

IN ORDER TO PERMIT A CHECK OF YOUR WORK AND EDUCATION RECORDS, SHOULD WE BE MADE AWARE OF ANY CHANGE IN NAME OR ASSUMED NAME THAT YOU PREVIOUSLY USED?

YES NO IF YES, IDENTIFY NAME (S) AND RELEVANT DATES: _____

IF YOU HAVE WORKED FOR MANURSING ISLAND CLUB BEFORE, STATE WHEN, FINAL POSITION, SUPERVISOR, AND REASON FOR LEAVING:

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?

YES NO IF YES, PLEASE EXPLAIN:

EXCEPT FOR VACATIONS AND HOLIDAYS, HOW MANY DAYS WERE YOU ABSENT DURING THE PAST TWELVE MONTHS?

0 - 6 DAYS 7 - 12 DAYS 13 - 20 DAYS 21+ DAYS

COMMENTS:

PERMISSION TO WORK

IF EMPLOYMENT IS OFFERED, CAN YOU PRODUCE IDENTIFICATION SUCH AS A U.S. PASSPORT, A DRIVER'S LICENSE OR PHOTOGRAPHIC IDENTIFICATION CARD ISSUED BY THE STATE?

YES NO

IF EMPLOYMENT IS OFFERED, CAN YOU SUBMIT A BIRTH CERTIFICATE, SOCIAL SECURITY CARD, CERTIFICATE OF U.S. CITIZENSHIP OR VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.?

YES NO

CONVICTION RECORD

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, STATE DETAILS AND DATES:

(CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT)

EMERGENCY NOTIFICATION DESIGNATION

PERSON TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE NO. _____

STREET ADDRESS _____ CITY _____ STATE & ZIP _____

MILITARY SERVICE

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES?

YES NO WHICH BRANCH? _____

INDICATE ANY SPECIAL JOB RELATED TRAINING RECEIVED:

CAREER OBJECTIVES

WHY ARE YOU INTERESTED IN WORKING FOR MANURSING ISLAND CLUB, AND WHAT ARE YOUR CAREER OBJECTIVES?

REFERRAL SOURCE, CHECK ONE

WALK-IN APPLICANT COMMUNITY COLLEGE

EMPLOYMENT AGENCY NAME _____

NAME _____ EMPLOYEE REFERRAL

SCHOOL / COLLEGE NAME _____

NAME _____ NEWSPAPER AD

OTHER _____

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying information.

I hereby agree to submit to any lawful drug, integrity, skills testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I further agree to submit to search of my person or of any locker or work area that may be assigned to me, and I hereby waive all claims for damages on account of such examination.

I understand that this application is valid 90 days; I will reapply after that time if I am still interested in employment. I also understand that my employment is terminable-at-will, and that this application is not, and is not intended to be, a contract for continued employment.

SIGNATURE _____

DATE _____