

Application for Employment

Sebastian Inlet & Marina Trading

Capt Hiram's Resort

The Inn @ Capt Hiram's

Drug Free Work-Place

Equal Employment Opportunity

Position Applied _____ Salary Desired: _____

Please answer all questions. Resumes are not accepted in lieu of completion of this application. Note: This application was designed for use with several types of positions. Some questions may not be completely applicable to the position you are seeking; however, we ask that you answer all questions to the best of your ability.

Name (Please Print) _____

Date: _____

Current Address: _____

City/State _____

ZIP Code _____

Telephone # _____

U.S. Citizens or aliens are eligible to apply for employment. Upon employment, submit documentation verifying your identity and your legal right to work in the U.S.

Have you been convicted of any crime within the past 5 years? _____ If yes, explain (Attach a separate paper if necessary). A conviction will not necessarily disqualify you from employment.

EMAIL _____

EDUCATIONAL DATA

School	Print Name, Street Address, City, State, and ZIP Code of each school	No. of Years Completed	Degree	Major Course of
High School	_____			

College	_____			

Graduate School	_____			

Trade, Business	_____			

Other	_____			

Emergency contact: _____

List any job-related skills, qualifications, or licenses that support your application. _____

Honors Received: _____

Should we be aware of any name change or assumed name that you previously used? _____

EMPLOYMENT EXPERIENCE

List each job. **Present or last job.** Include military experience.

Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title	SALARY		
	START	FINAL	
Supervisor	Telephone Number		
Reason for Leaving			

May we make inquiries of this employer?

Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title	SALARY		
	START	FINAL	
Supervisor	Telephone Number		
Reason for Leaving			

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Reason for Leaving			

ADDITIONAL EXPERIENCE

Memberships in Organizations/Professional groups, which in your opinion have a direct bearing on the position you are seeking. _____

Are you a veteran of the U.S. Military Service? If Yes, what branch of the service? _____

If yes, beginning date and ending date of active duty: From: Year/Month To: Year/Month

Date of Discharge from Military Service: _____

ADDITIONAL INFORMATION

Have you ever been dismissed or forced to resign from any employment? If Yes, please explain. _____

Are you employed? _____

May we contact your present employer? Yes or No Please identify any exceptions and reasons for not contacting prior employers: _____

Can you travel if the job requires it? Yes or No Can you work overtime if asked? Yes or No

Are there any hours, shifts, or days you will not work? Yes or No If Yes, please explain. _____

Do you have any friends or relatives who work here? Yes or No

Name _____ Relationship: _____

Name _____ Relationship: _____

REFERENCES

List at least two business related Supervisors and co-worker whom you have worked with.

NAME ADDRESS AND TELEPHONE

List below any other information that you wish to have considered as a part of your application for employment.

How did you hear of Captain Hiram's Resort?

Who referred you? _____

Have you filed an application previously? Yes, No If Yes give date: _____

Have you ever been employed here before? Yes, No If Yes, dates: _____

NOTICE TO APPLICANTS

We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this Employer depends solely on your qualifications.

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that in accordance with Florida Statute §443.131(3)(a)(2), if hired, I will be placed on a **90-day probationary period**. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain because of my termination, (Initials) _____

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification, or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of Captain Hiram's Resort, Sebastian Inlet Marina & Trading Co., Inc. with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There should be no amendments or exceptions to this statement unless they are in writing and signed by the president. (initials)_____

I understand that it is required to undergo urinalysis screening for drug or alcohol use as part of our pre-employment process. In addition, all employees are subject to urinalysis screening for drug or alcohol use, at the employer's discretion. (initials) _____

I certify that all information given on this employment application; any resume that I submit to the company; and any related papers and answers given during oral interviews are true and correct. I understand that Captain Hiram's Resort, Sebastian Inlet Marina & Trading Co., Inc. will make a thorough investigation of my work and personal history. Authorize the giving and receiving of any such information requested by the company during such an investigation. I understand that falsification of any information given by others during such an investigation or any derogatory information discovered because of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during any such investigation. (initials) _____

Date:

Signature: