



**EMPLOYMENT APPLICATION  
EQUAL OPPORTUNITY EMPLOYER  
DRUG-FREE WORKPLACE**

**PERSONAL DATA**

NAME	LAST	FIRST	INITIAL	TELEPHONE NO.
PRESENT ADDRESS	Street & No.	City	State	Zip Code
PERIOD OF RESIDENCE				
PREVIOUS ADDRESS	Street & No.	City	State	Zip Code
Social Security Number (last 4 digits)	Are you over the age of 18?	Referred By:		
Position Applying For	Years of experience	Salary or expected wage	Date Available	
Do you have relatives already employed by this company? If so give their names				Do you object to travel?

**EDUCATIONAL DATA**

Type of School	Name and Address of School	Major	Number of years attended	Graduated Yes No	Degree(s) Received
High or Prep School					
College					
Graduate School Beyond 4 Years College					
Other Schooling or Courses of Instruction					
Office Experience (List all skills associated with office work)					

**REFERENCES**

(Do Not Include Relatives)

Name	Phone No.	Occupation	How Long Known?
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**NOTE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.**


**WORK HISTORY**

Name and Address of Employer (list most recent first) Name of immediate Supervisor	Job Title and Principal Duties	Length of Service (Months & Years)	Reason for Leaving

**MILITARY EXPERIENCE**

Have you ever served in the Armed Forces of the US?	Nature of Work Performed
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**BUSINESS ORGANIZATIONS TO WHICH YOU BELONG** (Do not list religious, racial, foreign or nationality groups)

Name of Organization	Nature of Activity	Dates Active

Have you ever been convicted of, or pled guilty to, or no contest to, any offence other than a minor traffic violation?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
If yes, please explain:		

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Daytona Beach Resort & Conference Center.

I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the Daytona Beach Resort, my employment will be "at-will", for an indefinite period of time, any may be terminated at any time, with or without cause or notice, at the option of the Daytona Beach Resort or myself.

I understand that I have the right to end my employment at any time and that the Daytona Beach Resort retains the same right. I also understand that no one has the authority to enter into any contract, agreement, or modification of the foregoing unless such contract, agreement, or modification is in writing and signed by W. Harrison Merrill.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date