

WATERFRONT SERVICES CO.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PLEASE READ BEFORE COMPLETING THIS APPLICATION: When completing this application, please be aware that none of the questions are intended to imply any limitations, preferences or discrimination based on any non-job-related information. When completing this form, you may exclude organizations or information that indicates race, color, religion, national origin, disability or other protected classes. Use of this form does not indicate there are positions available nor does your completion of it assure you of a position if one becomes available. However, should a position become available within one year, your application will receive due consideration. After six months, your application will be discarded, and you must complete a new one.

Name:		Today's Date (mm/dd/yy):	
Address:		City:	State:
Zip Code:		Social Security Number:	
Phone Number(s) Where You Can Be Reached: Daytime ()		Evening ()	

Position(s) Applied For:		Date That You Are Available for Work:	
Do you have any commitments to other employers that may effect your work here:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain:			
Have you ever worked here before?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give date(s) of employment and position(s) held:			
Are you authorized to work in the U.S. in the position for which you are applying?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you at least 18 years of age?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, can you submit a work permit?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been convicted of a felony within the last seven years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
(Conviction will not necessarily disqualify an applicant from employment.)			
If yes, please explain:			

EMPLOYMENT HISTORY

Beginning with your current or last position, please give an accurate and complete history of your full and part-time employment history. Please include military and volunteer activities.
NOTE: If you have worked for volunteer organizations, you may exclude organizations that indicate race, color, religion, national origin, disability or other protected classes.

1.

Complete Name and Address of Company:		Company's Telephone Number:	
		()	
What was your title/position?	Describe the nature of your work:		
Dates Employed From:		Starting Pay: \$	
	To:	per	Ending Pay: \$
			per
Name of Supervisor(s):		Reason for Leaving:	

2.

Complete Name and Address of Company:		Company's Telephone Number:	
		()	
What was your title/position?	Describe the nature of your work:		
Dates Employed From:		Starting Pay: \$	
	To:	per	Ending Pay: \$
			per
Name of Supervisor(s):		Reason for Leaving:	

3.

Complete Name and Address of Company:		Company's Telephone Number:	
		()	
What was your title/position?	Describe the nature of your work:		
Dates Employed From:		Starting Pay: \$	
	To:	per	Ending Pay: \$
			per
Name of Supervisor(s):		Reason for Leaving:	

4.

Complete Name and Address of Company:		Company's Telephone Number:	
		()	
What was your title/position?	Describe the nature of your work:		
Dates Employed From:		Starting Pay: \$	
	To:	per	Ending Pay: \$
			per
Name of Supervisor(s):		Reason for Leaving:	

EDUCATIONAL BACKGROUND

SCHOOL	SCHOOL NAME CITY & STATE	NUMBER of YEARS COMPLETED	DID YOU GRADUATE?	CERTIFICATE/DEGREE RECEIVED
High School				
College				
Business/Trade				
Other				
Other				
Please detail any other education or specialized training that you have received:				

REFERENCES OTHER THAN PREVIOUS EMPLOYERS or RELATIVES

Name:	Address:	Telephone Number(s): ()
		()
Name:	Address:	Telephone Number(s): ()
		()
Name:	Address:	Telephone Number(s): ()
		()

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. Additionally, if Waterfront Services Co. (hereinafter referred to as Waterfront) offers me a position, I understand that I may be asked to submit to a medical examination, and my acceptance of the job may be conditioned upon passing this exam.

In the event that I am employed by Waterfront, I understand that any false or misleading information I knowingly provided in my application or during the interview(s) may result in discharge and/or legal action regardless of when it is discovered. Furthermore, if I am hired by Waterfront, I understand that my employment will be at will, and neither this document or any other written or verbal understanding constitutes an employment contract unless a written document is agreed upon and signed by the President of the company. Furthermore, if I am hired by Waterfront, I agree to abide by all rules and regulations of the employer and any special agreements reached between Waterfront and myself.

Signature of Applicant:	Date Completed (mm/dd/yy):
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FOR OFFICE USE ONLY

REFERENCE CHECK

	Former Employer	Person's Name	Comments
1.			
2.			
3.			
4.			
5.			
6.			

INTERVIEW

Interview Date:	Interviewer:
Comments:	