

LAST NAME	FIRST NAME	Middle Initial		
STREET ADDRESS		HOME PHONE		
CITY AND STATE	ZIP CODE	CELL PHONE		
EMAIL ADDRESS				
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO  Pursuant to the Immigration Reform & Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9.  IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT OR OTHER APPROPRIATE DOCUMENT YES NO				
POSITION DESIRED				
FULL TIME □ PART TME □ ARE YOU WILLING TO WORK NIGHTS/WEEKENDS?				
HOURS AVAILABLE	ARE YOU WILLING	TO WORK OVERTIME?		
SALARY/RATE DESIRED	HOURS DESIRED _			
IS THERE ANYTHING THAT WOULD PREVENT YOU FROM WORKING ANY DAY OR TIME OF THE WEEK?  YES NO If yes, please specify the reasons. It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification				
HAVE YOU EVER BEEN EMPLOYED BY US? YES HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH				
PERS	SONAL REFERENCES			
PLEASE LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBE CAPABILITY TO PERFORM THE DUTIES OF THE POSITION YOU A	RS OF THE THREE PROFESSIONAL RE			

## **EDUCATIONAL HISTORY**

NAME & LOCATION	COURSE OF STUDY	DEGREE/DIPLOMA YES/NO
HIGH SCHOOL/GED		
COLLEGE		
GRADUATE SCHOOL		
OTHER (Vocational, post graduate)		

## **EMPLOYMENT HISTORY**

EMPLOYER (first most recent) & ADDRESS				
Dates employed from:	to:			
Supervisor:		Phone:		
Positions Held:		Base Rate of Pay:		
Duties:				
Reason For Leaving:				
EMPLOYER (second most recen	nt) & ADDRESS			
Dates employed from:	to:			
Supervisor:		Phone:		
Positions Held:		Base Rate of Pay:		
Duties:				
Reason For Leaving:				
EMPLOYER (third most recent)	& ADDRESS			
Dates employed from:	to:			
Supervisor:		Phone:		
Positions Held:		Base Rate of Pay:		
Duties:				
Reason For Leaving:				
EMPLOYER (fourth most recent	t) & ADDRESS			
Dates employed from:	to:			
Supervisor:		Phone:		
Positions Held:		Base Rate of Pay:		
Duties:				
Reason For Leaving:				

IS THERE ANY REASON WHY WE SHOULD NO YES NO IF YES, PLEASE IDENTIF	OT CONTACT ANY CURRENT OR FORMER EMPLOYER FOR A REFERENCE?  Y THE EMPLOYER AND EXPLAIN WHY NOT
	AND QUALIFICATIONS YOU POSSESS WHICH WOULD HELP YOU PERFORM
	ED TO RESIGN FROM ANY JOB POSITION? IF YES, PLEASE PROVIDE
TECHNICAL/COMPUTER SKILLS, SOFTWARE	UIRE COMPUTER SKILLS, PLEASE LIST ANY KNOWLEDGE, APPLICATIONS AND/OF CAPABILITIES THAT SPECIFICALLY RELATE TO THE NG
	AUTHORIZED, PRESENTATIONS YOU PRESENTED, OR AWARDS YOU E JOB POSITION FOR WHICH YOU ARE APPLYING
<u>APPLICAN</u>	T'S STATEMENT & CERTIFICATION
true, accurate and complete. I also understapplication or during any interview for empauthorize the Shenorock Shore Club to contand obtain copies of any records which related. I hereby release the Club, as well	ons asked in this application. I certify that all answers given by me are tand that the omission and/or misrepresentation of any fact from this ployment will be cause for immediate disqualification or dismissal. I tact all my employment references, and to inquire about, investigate ate to me from my former employers and educational institutions I have I as any person or institution that provides the Club with any information ever resulting from any such inquiry, investigation or communication.
shall constitute a contract or a guarantee of employed, my employment is at will an ma representative or agent of the Club, other to agreement for employment for any specific addition, I understand that the Club and all	nd regulations. I understand and agree that nothing in this application of employment for a specific period of time. I also understand that if y be terminated by either the Club or me. I further understand that no than the General Manager, has the authority to enter into any experiod of time, or to make any agreement contrary to the foregoing. In plan administrators shall have the maximum discretion permitted by attinue, enhance or otherwise change all policies, procedures, benefits of the contract of the
Signature	Date