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with a great view of the Chesapeake Bay!

2542 Island View Rd., Essex, MD 21221 410-687-9799

www.islandviewwaterfrontcafe.com

Employment Application

PLEASE PRINT CLEARLY. COMPLETE ALL ITEMS

PERSONAL INFORMATION

Name: _____
 Last First Middle Phone

Present Address: _____
 Street City State Zip

Age (check one): Under 16 Under 16 or 17 18 or over 21 or over

Is your citizenship or status such that you can lawfully work in the U.S.? Yes No

Have you ever worked for the above company before? Yes No

If yes, when: _____
 From To

How did you learn of our organization? Walk-in Newspaper Referral Other _____

EMPLOYMENT DESIRED -- Days & Hours available to work

Position: _____ Check here if you are available any hours.

Salary requirements: _____	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Date you can start: _____							
From							
To							

EDUCATION

	Name	Course of Study	Years Completed	Graduated	Degree Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Phone	Address	Business	Years Known

GENERAL INFORMATION

Why would you like to work here?

Have you ever been convicted of a crime (other than a minor traffic violation)? Yes No

(If yes, explain number of convictions, nature of offense(s) leading to each conviction. How recently such offense(s) was/were committed, sentence(s) for each conviction, and type of rehabilitation for each conviction.)

FORMER EMPLOYERS

List below, your last three employers, starting with your present or most recent employer.

May we contact your employer? Yes No

Employer No. 1 (present or most recent)		Address	Phone Number:
Employed (Month & Year) From To	Rate of Pay Start Final	Supervisor & Title	Avg. Hrs./Wk.
Your Job Title		Descript Your Duties	
Reason for Leaving			
Employer No. 2		Address	Phone Number:
Employed (Month & Year) From To	Rate of Pay Start Final	Supervisor & Title	Avg. Hrs./Wk.
Your Job Title		Descript Your Duties	
Reason for Leaving			
Employer No. 3		Address	Phone Number:
Employed (Month & Year) From To	Rate of Pay Start Final	Supervisor & Title	Avg. Hrs./Wk.
Your Job Title		Descript Your Duties	
Reason for Leaving			

I certify that all my answers in the Employment Application are true and complete to my best knowledge, and I understand that this Application will remain active for thirty (30) days only.

I authorize the Company to investigate and verify my answers and I give the Company permission to contact schools, previous employers, references, and others in its investigation. I release both the Company and the party providing the information from any liability for this purpose. I also release the Company from any liability for providing information about my employment record to any prospective employer, government agency, or other party having a legal and proper interest

.I also authorize the Company to secure financial and credit information through a consumer reporting agency, and I understand that, upon my written request made within a reasonable time, the consumer reporting agency will provide me with additional information concerning the nature and scope of any credit report investigation. I also agree to participate in computerized interviewing, assessment testing, and any other similar Company requirements which are conditions of employment.

I understand that any false or misleading answer in this Employment Application or other pre-employment inquiry is grounds for rejection of my Application or immediate termination if I have been employed.

If employed, I will comply with all Company policies and rules found in any Company policy manual, employment handbook, or other communication from the Company. I understand the Company may change its policies and rules in the future without giving notice to me.

I understand that the Company may require drug and alcohol testing as a condition of employment, subject to applicable federal and state laws, and I consent to such testing.

I agree not to use or disclose outside my employment with the Company any confidential information, trade secret, or proprietary information, whatever its form, obtained in connection with my employment with the Company.

I understand that employment with the Company will be TERMINAL AT WILL, that no employment contract will be valid unless made in writing and signed by the Company's Executive Vice President of Human Resources, and that my employment may be ended at any time, for any reason, by me or the Company.

I have Read the above and understand _____ signature _____ date