

# The Avalon Beachcomber

## EMPLOYMENT APPLICATION

The Avalon Beachcomber considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other characteristic protected by law. In addition, no information obtained by the Avalon Beachcomber in response to any question in this application will be used in violation of any federal or state law. The Avalon Beachcomber is an equal opportunity employer.

### Instructions:

1. Complete all items (in ink) on the application accurately. Inaccurate information may disqualify your application.
2. **Even if you attach a resume, complete all items.** Attach additional paper if required to complete any section.
3. Applicants needing a reasonable accommodation to participate in the application process should contact the General Manager.

### Applicant Information

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Last First Middle

Other Name(s) Used: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Used at other employers, military, or schools)

Current Address: \_\_\_\_\_  
Street Apt City, State Zip

Prior Address: \_\_\_\_\_  
Street Apt City, State Zip

Telephone Number(s): \_\_\_\_\_  
Home Work Cell

Position Desired: \_\_\_\_\_ Available Start Date: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Employment Preference:  Full Time  Part Time  Either Can you work overtime if needed?  Yes  No

How did you hear about position? \_\_\_\_\_  
(Please include employee's name for employee referral)

Are you currently employed?  Yes  No Have you ever worked for the Avalon Beachcomber?  If so, when and what position? \_\_\_\_\_  
May we contact your current employer?  Yes  No

If you are under the age of 18, can you provide required proof of your eligibility to work?  Yes  No  N/A Have you applied here before?  If so, when and for what position? \_\_\_\_\_

Are you authorized to work in the United States without sponsorship?  Yes  No (Proof of right to work in the United States will be required within 3 days of hire date if employment offer is made.) Are you now or do you expect to be engaged in any other business or employment activities?  Yes  No. If yes, please explain: \_\_\_\_\_

Are you able to perform the essential functions of the position with or without reasonable accommodation?  Yes  No  N/A  
If an accommodation is required, please describe: \_\_\_\_\_  
Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Have you ever been terminated from a position or asked to resign?  Yes  No. If yes, please explain: \_\_\_\_\_

Have you ever pled guilty or no contest to, been convicted of, or received a deferred sentence with respect to any crime, other than a simple misdemeanor?  Yes  No. If yes, please describe: \_\_\_\_\_  
Your conviction record will not necessarily disqualify applicant from employment.

## Employment History

Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Employer: _____		Job Title: _____	
Employed From: _____	To: _____	Starting Salary: _____	Final Salary: _____
Address: _____		_____	
Street	City, State	Zip	
Supervisor's Name/Title: _____		Phone Number: _____	
Description of Duties and Responsibilities: _____			
_____			
Reason for Leaving: _____			

Employer: _____		Job Title: _____	
Employed From: _____	To: _____	Starting Salary: _____	Final Salary: _____
Address: _____		_____	
Street	City, State	Zip	
Supervisor's Name/Title: _____		Phone Number: _____	
Description of Duties and Responsibilities: _____			
_____			
Reason for Leaving: _____			

Employer: _____		Job Title: _____	
Employed From: _____	To: _____	Starting Salary: _____	Final Salary: _____
Address: _____		_____	
Street	City, State	Zip	
Supervisor's Name/Title: _____		Phone Number: _____	
Description of Duties and Responsibilities: _____			
_____			
Reason for Leaving: _____			

**Educational Background**

	Name/Location	Graduate (Y/N)	Degree	Major
<b>High School or GED</b>				
<b>College or University</b>				
<b>Honors / Activities</b>				
<b>Specialized Training Other Education</b>				
<b>U. S. Military Service</b>				

List any current certifications, licenses, technical and/or specialized skills applicable to the job for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

**References**

List former supervisors or others familiar with your work (exclude relatives). If none, please list school references.

Name	Title	Company	Phone	Relationship	Years Acquainted

**APPLICANT’S CONSENT AND AFFIRMATION:**

I authorize The Avalon Beachcomber to thoroughly investigate my references, work records, education and other matters related to my suitability for employment. In that regard, I authorize my current and former employers to disclose any and all employment records related to my employment with them and otherwise check statements made by me in the application. I authorize any and all schools, colleges, and universities that I have attended to disclose any and all information that may be relevant to my employment and agree not to bring any claims against The Avalon Beachcomber or any person, company or educational institution for providing the information requested.

I certify that all of the information that I have provided in this application, in any other documents that I filled out in connection with my employment, and in any interview, is true and correct and that I have not withheld any information that would, if disclosed, affect this application unfavorably. I understand that any omission or misrepresentation on this application or any other documents submitted in connection with this application shall be grounds for immediate rejection of my application for employment or for immediate discharge from employment if I am already employed.

If hired, I agree to abide by all of the organization’s rules and regulations. I understand that The Avalon Beachcomber is an “At Will” employer and if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that the organization and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the organization has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other term or condition of employment other than in a document signed by the Board of Directors.

I hereby acknowledge and agree that I have read and understand all the terms in this application.

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

\_\_\_\_\_  
Date

# The Avalon Beachcomber

## EQUAL EMPLOYMENT OPPORTUNITY (EEO) SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristics.

The Avalon Beachcomber is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the Avalon Beachcomber invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

**This form will be kept in a confidential file separate from your application for employment.**

Name (Last, First, MI): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

### Gender Identification (check one)

Female       Male

### Race/Ethnic Identification (check one)

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North America.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**Decline self-identification.**

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

\_\_\_\_\_  
Date