



OFFICE USE ONLY:
 Previous Employee Yes No
 Eligibility _____

GREAT EASTERN RESORTS

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)

(Equal Opportunity Employer)

PERSONAL INFORMATION

DATE ____/____/____

Legal Name _____ Social Security Number ____-____-____
LAST FIRST MIDDLE INITIAL

Present Address _____
STREET CITY STATE ZIP CODE

Permanent Address _____
(If different from present address) STREET CITY STATE ZIP CODE

Phone _____ Alt. Phone _____ E-mail _____

Are you 18 years or older? Yes No _____

Are you 21 years or older? Yes No (age)

EMPLOYMENT DESIRED

Position(s) Desired _____ Full-time Part-time Seasonal

Shift(s) you will accept:

Day Evening Night Weekdays Weekends Rotating Holidays Other (specify) _____

Date you can start ____/____/____ Salary Desired \$ _____ hour / year

GENERAL

Are you employed now? Yes No If so, may we inquire of your present employer(s)? Yes No

Have you applied with this company before? Yes No When? _____ Position? _____

If so, were you hired? Yes No When? _____ Department Worked For _____

Have you ever applied or worked for this company under another name? Yes No Name? _____

How did you hear about employment opportunities with Great Eastern Resorts?

Newspaper Rehire Walk-In Website Transfer Other Referral _____

Summarize any skills, training, seminars, workshops, licenses and/or certifications: _____

U.S. Military or Naval service? Yes No If yes, RANK _____

Present membership in National Guard or Reserves? Yes No

SPECIAL QUESTIONS:

• For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible to work in the United States? Yes No

• Have you been convicted of a felony or misdemeanor? Yes No

(You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.)

If Yes, describe: _____

• Do you have anything scheduled such as vacation, court dates, appointments, special events, etc.? _____

• Do you understand attendance is an essential function of the job? Yes No

• Do you have a valid driver's license? Yes No Do you have your own, reliable transportation to ensure regular attendance? Yes No

If no, how will you plan to get to work? _____

EDUCATION

	NAME & LOCATION OF SCHOOL	# YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

(The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

EMPLOYMENT HISTORY

List the last 3 employers beginning with most recent.

NAME OF EMPLOYER		TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP CODE	PHONE
EMPLOYED FROM:	TO:	STARTING TITLE	LAST TITLE	
NAME AND TITLE OF SUPERVISOR		WAS EMPLOYMENT FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>		REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES				
			STARTING PAY	ENDING PAY
NAME OF EMPLOYER		TYPE OF BUSINESS		
ADDRESS	CITY	STATE	ZIP CODE	PHONE
EMPLOYED FROM:	TO:	STARTING TITLE	LAST TITLE	
NAME AND TITLE OF SUPERVISOR		WAS EMPLOYMENT FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>		REASON FOR LEAVING
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NAME AND TITLE OF SUPERVISOR		WAS EMPLOYMENT FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>		REASON FOR LEAVING
BRIEF DESCRIPTION OF DUTIES				
			STARTING PAY	ENDING PAY

Please check if a resume is attached and the above information is included on the resume.

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING APPLICATION:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

SIGNATURE _____

DATE ____/____/____