

Island Grill Seafood & Steak House

Today's Date

100 Atlantic Ave
Ocean City, NJ 08226
609-391-9616

Island Grill is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections completely

Applicant Information

Applicant Name _____
Best Phone # _____ Is this a cell phone? _____ Is Texting ok? _____ Other _____

Email Address _____

Current Address:
Number and street _____ City _____ State & Zip _____

Seasonal Address: _____

How were you referred to Company?: _____

Position(s) applying for: _____
Are you currently employed? _____ If so may we inquire of your present employer? _____ Please list current employer _____

Are you applying for:

- • Temporary work – such as summer or holiday work? [] Y or [] N
- • Regular part-time work? [] Y or [] N
- • Regular full-time work? [] Y or [] N
- • Do you plan on having another job?
- • Do you plan on taking classes over the summer?

What days and hours are you available for work? _____

If applying for summer work, when will you be available? _____ If hired, on what date can you start working?

Can you work on the weekends? [] Y or [] N

Are you willing to work doubles? [] Y or [] N

Can you work evenings? [] Y or [] N

Are you available to work overtime? [] Y or [] N

Salary desired: \$ _____

Personal Information:

Have you ever applied to / worked for Island Grill before? [] Y or [] N If yes, please explain (include date):

Do you have any friends, relatives, or acquaintances working for Island Grill? [] Y or [] N If +yes, state name & relationship:

If hired, would you have transportation to/from work? [] Y or [] N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) [] Y or [] N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [] Y or [] N

If hired, are you willing to submit to and pass a controlled substance test? [] Y or [] N

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N

If no, describe the functions that cannot be performed _____

Do you play a sport? If so what season _____ -What sport? _____ start date?

What is your last available working day in the season?

Are you going to college or high school in the fall? _____ If so what is the starting date? _____

Where will you be attending school in the fall?

Are you able to commit to a full time schedule through September 7th _____ If not what is the last day?

If you leave prior to Labor Day (9/4-9/7) weekend are you able to come back and work that weekend?

Are you able to commit to a set schedule while working?

Do you take a family vacation over the summer?

Please list any dates you are unable to work in the season.

Please give a brief description of yourself.

Please tell us why you think you are the best applicant for the position you are applying for.

Two Personal references not related to you

Name Phone Number Address

Relationship to you

Name Phone Number Address

Relationship to you

Education, Training and Experience

High School or Vocational School:

School name: _____ Years attended _____ School

address: _____

School city, state, zip: _____

Current grade: _____ Did you Graduate? _____

Subjects

Studied _____

College Education:

School name: _____ Years attended _____ School
address: _____
School city, state, zip: _____

Current grade: _____ Did you Graduate? _____
Subjects Studied _____

General Information: Please list any special skills or training you feel would aid you in the field of restaurant or hospitality work?

Previous work experience- Please list your last three employers:

Employer
Full Address Phone Number Supervisor Name Job Duties
Reason for leaving

Employer
Full Address Phone Number Supervisor Name Job Duties
Reason for leaving

Employer
Full Address Phone Number Supervisor Name Job Duties
Reason for leaving

Dates of Employment

Dates of Employment

Dates of Employment

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize to contact former employers and educational organizations regarding my

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employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Island Grill Seafood & Steakhouse, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE DATE