BAY BREEZE
SEAFOOD RESTAURANT

Application For Employment

Please completely fill out this application. Incomplete applications may disqualify you from consideration for employment.

General Information

NAME: _____ **DATE** _____
      Last   *First*   *Middle Initial*

ADDRESS: _____
     Street   *City*   *State*   *Zip*

HOME #: _____ **MOBILE #** _____

EMAIL:_____@_____•_____

IN CASE OF EMERGENCY NOTIFY: _____
     Name   *Address*   *Phone*   *Relationship*

HAVE YOU EVER BEEN EMPLOYED BY BAY BREEZE RESTAURANTS BEFORE? ☐ YES ☐ NO
IF YES, NAME DATE AND LOCATION EMPLOYED _____

SOME OF OUR POSITIONS REQUIRE THAT YOU BE 18 OR OLDER. IF HIRED FOR ONE OF THESE POSITIONS CAN YOU SHOW PROOF OF AGE? ☐ YES ☐ NO

ARE YOU AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? ☐ YES ☐ NO

ARE YOU ELIGIBLE TO RECEIVE ANY AND ALL LICENSES/PERMIT REQUIRED BY LAW TO PERFORM THE POSITION(S) FOR WHICH YOU ARE APPLYING? ☐ YES ☐ NO

DO YOU HAVE A VALID DRIVERS LICENSE? ☐ YES ☐ NO   **STATE** _____ **DL#** _____

IN THE LAST SEVEN YEARS HAVE YOU BEEN CONVICTED OF OR ON PROBATION FOR OFFENSES INVOLING THE SALE OF DRUGS OR IN ANY MANNER REFLECTING ON YOUR HONESTY, INTEGRITY OR PROPENSITY FOR VIOLENCE?
☐ YES ☐ NO
 IF YES, PLEASE DESCRIBE:
_____
_____

HAVE YOU EVER BEEN TERMINATED FROM A JOB? ☐ YES ☐ NO
 IF YES, PLEASE EXPLAIN:
_____
_____

Position

ARE YOU SEEKING: ☐ FULL TIME ☐ PART TIME ☐ TEMPORARY

WHAT POSITION ARE YOU SEEKING: _____

AVAILABLE TO BEGIN WORK: ☐ IMMEDIATELY ☐ OTHER DATE:_____

ARE YOU WILLING TO WORK OVERTIME IF NEEDED? ☐ YES ☐ NO

CIRCLE DAYS / SHIFTS YOU ARE AVAILABLE TO WORK:

| **Mon** AM | **Tue** AM | **Wed** AM | **Thurs** AM | **Fri** AM | **Sat** AM | **Sun** AM |
| **Mon** PM | **Tue** PM | **Wed** PM | **Thurs** PM | **Fri** PM | **Sat** PM | **Sun** PM |

Education

School Level	Name & Location of School	Major	Status	
			No. of yrs Attended?	Did you Graduate?
High School				
College				
Trade/Coresp. School				

LIST ANY SPECIAL TRAINING RECEIVED THAT MIGHT BE RELEVANT TO THIS POSITION

SPECIAL TRAINING	TO FROM (MO/YR)	SUBJECT	CERTIFICATE

LIST ANY OTHER SPECIAL SKILLS, CERTIFICATES OR LICENSES YOU POSSESS WHICH ARE RELEVANT TO WORKING AT A SEAFOOD RESTAURANT:

_____
_____
_____

Employment History & Experience (list below your last four employers, beginning with the most recent employer)

IMPORTANT: THIS SECTION MUST BE COMPLETED IN DETAIL. YOU MAY ATTACH YOUR RESUME IF YOU WISH, BUT REFERENCE TO A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS SECTION.

EMPLOYER	ADDRESS & TELEPHONE	JOB TITLE	FROM TO
			MO/YR MO/YR
IMMEDIATE SUPERVISOR	JOB DUTIES	SALARY	REASON FOR LEAVING
		STARTING LAST	

MAY WE CONTACT THIS EMPLOYER? ☐ NO ☐ YES

EMPLOYER	ADDRESS & TELEPHONE	JOB TITLE	FROM TO
			MO/YR MO/YR
IMMEDIATE SUPERVISOR	JOB DUTIES	SALARY	REASON FOR LEAVING
		STARTING LAST	

MAY WE CONTACT THIS EMPLOYER? ☐ NO ☐ YES

EMPLOYER	ADDRESS & TELEPHONE	JOB TITLE	FROM TO
			MO/YR MO/YR
IMMEDIATE SUPERVISOR	JOB DUTIES	SALARY	REASON FOR LEAVING
		STARTING LAST	

MAY WE CONTACT THIS EMPLOYER? ☐ NO ☐ YES

EMPLOYER	ADDRESS & TELEPHONE	JOB TITLE	FROM TO
			MO/YR MO/YR
IMMEDIATE SUPERVISOR	JOB DUTIES	SALARY	REASON FOR LEAVING
		STARTING LAST	

MAY WE CONTACT THIS EMPLOYER? ☐ NO ☐ YES

References (include only individuals familiar with your work ability – do not include relatives)

Name	Phone	Name of Business/ Address	Years Known/ Relationship

OUR COMPANY WILL NOT ENGAGE IN ANY EMPLOYMENT PRACTICES WHICH DISCRIMINATE AGAINST EMPLOYMENT APPLICANTS BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR DISABILITY.

Certification & Authorization

Please read carefully before signing.

I certify that the answers given herein are true and complete to my knowledge. I authorize the company and/or its agents, including consumer reporting bureaus, to investigate all statements contained in this application, as may be necessary in arriving at an employment decision (including to, but not limited to, criminal history and motor vehicle driving records). I release the company and/or its agents from any liability which might arise from such investigation.

I understand that this application is not a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in termination. I also understand that the use of illegal drugs or alcohol on the job is prohibited during employment. In the event that I am employed, I agree to abide by all policies and procedures of this company.

Signature of Applicant	Date

This information must be kept on file for one year. This application will remain in our active files for 30 days.