## APPLICATION FOR EMPLOYMENT

First	irst				M	iddle		Date		
Present Address -Street		City			ate/Province	Ziį	Zip/Postal Code			
Phone Number					Email Address					
Are you under 18 years of If Yes, can you furnish a w				n-student? <b>Yes</b>	No					
Are you legally eligible for (All new hires will be requ			_	_						
Have you ever worked for If yes, please circle the bus Trio, The Boat House Res	siness unit	previously emp	oloyed at; Avvio	, Waterman Gri	lle, Hemenwa		_		∃ouse,	
Are you related to any s						N.				
I agree to work at any N	HC locatio	n should I be o	employed by f	Newport Harbo	or Corporation	. Yes No				
EMPLOYMENT DESIRED										
Position							-	to work?		
	Place	a check marl MONDAY	k on the days TUESDAY	and shifts that	at you are AV	AILABLE to we	ork. SATURDAY	SUNDAY		
	AM									
Availability							1			
	PM									
Are you available to work Holidays? Yes No  Are you currently certified in Alcohol Safety? Yes No State Certified in: Date Certification Expires:  Are you currently certified in Food Safety? Yes No State Certified in: Date Certification Expires:  How did you hear about our positions? (Please Circle One)  Walk-in Craigslist Indeed Referral (Friend/Relative) Other  Referral - Name and Position										
TELL US MORE (This section			beverage posit	ions only)						
Describe what hospital  What do you love abou		to you								
Describe in a few word	s what cro	eates a positi	ve work envir	ronment						

EDUCATION	NAME AND ADDRESS O	F SCHOOL	NOMBER OF	YEAR	SATTENDED	טוט אטט	GRADUATE?	SORTECTS 2	TUDIED/DEGREES RECE	INFD
High School										
College										
Other (trade, business, correspondence)										
-	evant to the position ap	-								
FORMER EMPLO	YERS This section MUST	be complet	ed, even if yo	u ar	re submitting	a resur	<b>ne.</b> (Please i	ndicate if	this is your first job	)
DATE	NAME OF EMPLOYER —		ADDRESS		POSITION		SUPERVISOR		REASON FOR LEAVI	NG
То:	Previous Employer:				Position:		Name:			
From:	May we Contact? Yes No				Duties/Responsibilities:		Phone Number:			
То:	Previous Employer:				Position:		Name:			
From:										
	May we Contact? Yes No		Du		Duties/Responsibilities:		Phone Number:			
То:	Previous Employer:			Position:			Name:			
From:	May we Contact? Yes No		Dutie		Duties/Responsib	uties/Responsibilities:		:		
REFERENCES (List	three personnel referer	nces)					1			
NAME		PHONE NUMBER			BUSINESS/TITLE		RELATIONSHIP		YEARS ACQUAINTE	<u>D</u>
I certify that the information will rauthorize the Corprior employers, inquiries. Talso u	REFULLY AND SIGN THE information given above result in the rejection of target in the many to make inquiries schools, or individuals to understand that I may neand that if I am employed	is true and c this applicati of prior emp respond to red to partic	complete and ion or can be goloyers, schoo such inquiries ipate in a drug	grou ls, e and g scr	nds for dismis tc. regarding r I release the C reening proce	sal if di ny histo ompan ss prior	scovered aft ory and char y from any l to my emp	er employ acter, and iability wit loyment.	ment begins. I hereby authorize h respect to such	
employment is founderstand that is Company, has au	or no definite term and the no verbal promises or gu thority to enter into an a mployed, I agree to abide	hat I can be t arantees are igreement fo	terminated wi e binding on th or employmer	thou ne Co nt co	ut notice and vompany and the a	without nat no d above, a	any cause a one, other th and that any	t any time nan the Pro such agre	. I further esident of the	

SIGNATURE:

DATE: \_\_\_\_\_