

Mariner's Inn 117 W Thomas St. Hammond, (985)-345-9854

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age disability, veteran status or any other legally protected status.

****PLEASE PRINT CLEARLY****

Applicant Information

Date ____/____/____

First Name _____ Middle _____ Last _____

Street Address _____ Email address _____

City/State/Zip _____ Cellphone () _____ Home Phone () _____

Are you legally eligible for employment in the U.S.? _____ (Proof of U.S. citizenship or immigration status is required if hired.)

Are you at least 18 years old? _____ If you are under 18 years of age, can you furnish a work permit? _____

If hired, do you have a reliable means of transportation to get to work? _____ Describe _____

Driver's License No. _____ State _____ Expiration Date _____

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment.) _____

Are you a veteran? _____ If yes, give dates of service: From _____ To _____

List any special skills or training: _____

List any languages you speak other than English: _____

Employment Information

Position(s) applied for: _____ Waitstaff _____ Kitchen/Maintenance/Other _____ Employment Type: _____ Full Time _____ Part Time _____ Temporary

How did you find out about this job? _____ Web Site _____ Employee _____ Walk-in _____ Relative _____ Other _____

Why are you seeking a new job at this time? _____

Waitstaff Shifts

*Please **circle** when you are available to work, and **X** out when you are not available to work*

If applying for Waitstaff & Kitchen, please complete both

Please make note of any recurring engagements or annual events (vacations, doctor appts, band practice, etc) for which you will need off

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|----------------------------------|---------------------------------|---------------------------------|---------------------------------|---|---|---------------------------------|
| 10 a.m.-4 p.m. | 10 a.m.-2 p.m. | 10 a.m.-2 p.m. | 10 a.m.-2 p.m. | 10 a.m.-2 p.m. | 10 a.m.-2 p.m. | 10 a.m.-3 p.m. |
| | 2 p.m.-6 p.m. | 2 p.m.-6 p.m. | 2 p.m.-6 p.m. | 2 p.m.-6 p.m. | 2 p.m.-6 p.m. | 3 p.m.-6 p.m. |
| 4 p.m.-10 p.m. 4 p.m.-12 p.m. | 6 p.m.-10 p.m. 6 p.m.-2 p.m. | 6 p.m.-10 p.m. 6 p.m.-2 p.m. | 6 p.m.-10 p.m. 6 p.m.-2 p.m. | 6 p.m.-10 p.m. 6 p.m.-12 a.m. 6 p.m.-2 p.m. | 6 p.m.-10 p.m. 6 p.m.-12 a.m. 6 p.m.-2 a.m. | 6 p.m.-11 p.m. 6 p.m.-2 a.m. |

notes: _____

Kitchen Shifts

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---------------------------------|---|---|---|---|--|---|
| 9 a.m.-4 p.m. | 9 a.m.-2 p.m. | 9 a.m.-2 p.m. | 9 a.m.-2 p.m. | 9 a.m.-2 p.m. | 9 a.m.-2 p.m. 11 a.m.-2 p.m. | 9 a.m.-5 p.m. 11 a.m.-5 p.m. |
| | 2 p.m.-5 p.m. | 2 p.m.-5 p.m. | 2 p.m.-5 p.m. | 2 p.m.-5 p.m. | 2 p.m.-5 p.m. | 11 a.m.-3 p.m. |
| 4 p.m.-9 p.m. 4 p.m.-11 p.m. | 5 p.m.-12 a.m. 6 p.m.-12 a.m. 6 p.m.-9 p.m. | 5 p.m.-12 a.m. 6 p.m.-12 a.m. 6 p.m.-9 p.m. | 5 p.m.-12 a.m. 6 p.m.-12 a.m. 6 p.m.-9 p.m. | 5 p.m.-12 a.m. 6 p.m.-12 a.m. 6 p.m.-9 p.m. | 5 p.m.-12 a.m. 6 p.m.-12 a.m. 6 p.m.-10 p.m. | 5 p.m.-12 a.m. 5 p.m.-10 p.m. 5 p.m.-9 p.m. |

notes: _____

please initial here X _____

Are you willing to work overtime? _____ Weekends? _____ Holidays? _____ Are you able to come in on short notice? _____

Are you currently employed? _____ Where? _____ If hired, when would you be able to start? _____

Have you ever worked for this organization before? _____ If yes, name used: _____

List any friends or relatives employed by this company: _____

Have you ever been discharged or asked to resign from any position? _____ If yes, please describe: _____

Think about the position you are applying for. To the best of your knowledge, are you able to perform all the tasks with or without reasonable accommodation? _____ If not, please list the task(s) for which you will require accommodation and explain the type of accommodation you will need. (i.e., assistance with heavy lifting, etc) Tasks: _____

Accommodations: _____

We have a mandatory policy on good times. Do you like to have fun? _____ Yes _____ No

Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 20 11 12 G.E.D. College: 1 2 3 4 5 6 7 8

School: _____ School: _____ School: _____

Location: _____ Location: _____ Location: _____

Degree Major/Minor: _____

If in high school, are you enrolled in a recognized co-op program? _____ Yes _____ No

If yes, list program and school: _____

Work History (please begin with most recent)

1) Company _____ Phone No. w/area code () _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name/Title _____
Briefly describe duties: _____
Specific reason for leaving: _____

2) Company _____ Phone No. w/area code () _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name/Title _____
Briefly describe duties: _____
Specific reason for leaving: _____

3) Company _____ Phone No. w/area code () _____
Address _____ City/State/Zip _____
Dates of Employment: From _____ To _____ Salary: Beginning _____ Ending _____
Job Title _____ Supervisor's Name/Title _____
Briefly describe duties: _____
Specific reason for leaving: _____

For references purposes: Have you worked for any of these organizations or attended school under a different name? _____ Yes _____ No
If yes, give name and organization(s) _____

May we contact the employers listed above? _____ If not, list the employers you do not wish us to contact and why: _____

AUTHORIZATIONS & AT-WILL EMPLOYMENT AGREEMENT
(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third-party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature _____ Date _____

Name (please print) _____

FOR OFFICE USE ONLY

