

# CEDAR BAY ENTERTAINMENT LLC

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Mailing Address (if different)			
Phone	Mobile/Other	E-mail Address	
Date Available	Social Security No.	Salary Requirements	
Position Applied for		How were you referred to us	
Type of Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?   YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
If you are under 18 and we require a work permit, can you furnish one?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, please explain	
Have you ever pleaded "guilty," "no contest," or been convicted of a crime?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, give dates and explain	
Driver's License Number if applicable to position		State	
Answering "yes" to the above question does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.			

EDUCATION			
High School	Address		
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address		
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address		
	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (   )
Address	
Full Name	Relationship
Company	Phone (   )
Address	

Full Name	Relationship
Company	Phone (    )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From                  To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers and schools or individuals from all liability when responding to inquires in connection with my application.	
In the event I am employed, I understand that false or misleading information in my application or interview(s) may result in discharge.	
Signature of Applicant	Date