



## Application for Employment

**Instructions:** It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

**Date of Application:** \_\_\_\_\_

Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cellular Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

In case of emergency contact \_\_\_\_\_  
(name) (phone #)

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Position Applied for \_\_\_\_\_

Shift preferred: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ Any \_\_\_\_\_ Not Applicable \_\_\_\_\_

Expected salary range or hourly rate of pay \_\_\_\_\_

Type of work desired: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_

Date available for work \_\_\_\_\_

How were you referred to this company? \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, additional information may be required.

If you are under 18 years old, can you provide a work permit if required? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible for employment in the USA? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, proof is required if hired.

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later date to the extent permitted by law.

Yes \_\_\_\_\_ No \_\_\_\_\_ Need more information about the job's essential functions" to respond \_\_\_\_\_

Will you relocate if required? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you travel if required? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you work overtime if required? Yes \_\_\_\_\_ No \_\_\_\_\_

If driving may be required in the job for which you are applying, please provide your driver's license number.  
DL# \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? Yes \_\_\_\_\_ No \_\_\_\_\_

## Employment Experience

Place an "X" by the employer(s) you *do not* want us to contact. List your most recent employer first.

1. Employer \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Email \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_

Hourly rate/salary: Starting \$ \_\_\_\_\_ final \$ \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Email \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_

Hourly rate/salary: Starting \$ \_\_\_\_\_ final \$ \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Email \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_

Hourly rate/salary: Starting \$ \_\_\_\_\_ final \$ \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Email \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_

Hourly rate/salary: Starting \$ \_\_\_\_\_ final \$ \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Explain any gaps in employment, other than those due to personal illness, injury or disability.

\_\_\_\_\_

\_\_\_\_\_

Have you ever been fired or asked to resign from a job? Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Educational Background**

### **High School:**

Name of school \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate? Yes \_\_\_\_ No \_\_\_\_

Degree or diploma \_\_\_\_\_ Years completed \_\_\_\_\_

### **College:**

Name of school \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate? Yes \_\_\_\_ No \_\_\_\_

Degree or diploma \_\_\_\_\_ Years completed \_\_\_\_\_

### **Graduate School:**

Name of school \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate? Yes \_\_\_\_ No \_\_\_\_

Degree or diploma \_\_\_\_\_ Years completed \_\_\_\_\_

### **Vocational Training - Other**

Name of school \_\_\_\_\_ Location \_\_\_\_\_

Course of study \_\_\_\_\_ Did you graduate? Yes \_\_\_\_ No \_\_\_\_

Degree or diploma \_\_\_\_\_ Years completed \_\_\_\_\_

### **Continuing Education:**

\_\_\_\_\_

\_\_\_\_\_

## **Skills and Qualifications**

List any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

### **Computer Skills** (Check appropriate lines. Include software titles and years of experience.)

\_\_\_\_ Word Processing \_\_\_\_\_ Years \_\_\_\_ \_\_\_\_ Internet \_\_\_\_\_ Years \_\_\_\_

\_\_\_\_ Spreadsheet \_\_\_\_\_ Years \_\_\_\_ \_\_\_\_ Other \_\_\_\_\_ Years \_\_\_\_

\_\_\_\_ Presentation \_\_\_\_\_ Years \_\_\_\_ \_\_\_\_ Other \_\_\_\_\_ Years \_\_\_\_

\_\_\_\_ E-mail \_\_\_\_\_ Years \_\_\_\_ \_\_\_\_ Other \_\_\_\_\_ Years \_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

\_\_\_\_\_

## References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If applicable, list three school or personal references who are not related to you.

Name	Title	Relationship	Telephone	Email	Years Known

## Applicant Statement

I certify that all of the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in the application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains active for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment, either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I also understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



## Release and Authorization Statement

I authorize procurement of a consumer report on me.

In connection with this request, I authorize all corporations, companies, former and current employers, consumer reporting agencies, educational institutions, law enforcement agencies, motor vehicle departments, city, state, county and federal courts, military services and persons to release information they may have about me to Retail Merchants Association of Tidewater Virginia, Inc. dba Retail Alliance and Bayville Golf Club, with which this form has been filed and release all parties involved from any liability and responsibility for doing so.

This authorization, in original, fax or copy form, shall be valid for this and any future reports or updates that may be requested.

Name \_\_\_\_\_  
(last) (first) (middle initial)

Maiden Name/Former Name \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Previous Address \_\_\_\_\_

Social Security# \_\_\_\_\_ Birthdate \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_  
(applicant signature)

\_\_\_\_\_  
(date)