

Deauville Inn
APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPURTUNITY EMPLOYER)

Fill Out Both Sides

PERSONAL INFORMATION DATE: _____

Name: _____ SS#: _____
LAST FIRST MIDDLE

Present Address: _____
STREET CITY STATE ZIP

Permanent Address: _____
THIS IS WHERE W-2 WILL BE MAILED TO STREET CITY STATE ZIP

Phone Numbers: Present (____) _____ Summer (____) _____

Cell Phone Number: (____) _____ Email Address: _____@_____

Are you 18 years of age today? YES NO Date of Birth: _____

Have you ever been convicted of a crime? YES NO if yes, what crime: _____

Referred by: _____

Are you prevented from lawfully becoming employed in this Country because on Visa or Immigration Status? YES NO

EMPLOYMENT DESIRED

Position: _____ Date Available: _____ Salary Desired: _____

Dates Available to Train: _____ Last day available to work: _____ (Seasonal Employees)

Are you employed now? YES NO If yes, may we contact your present employer? _____

Have you ever applied to the Deauville Inn before? YES NO If yes, when? _____

EDUCATION	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
High School				
College				

SEASONAL APPLICANTS: are you available weekends prior to end of school? _____

Date School Ends: _____

Date School Begins: _____

Are you available Labor Day Weekend? _____ Weekends in Sept / Oct? _____

GENERAL

Subjects of special study or research work: _____

Special Skills: _____

Activities: (Civic Athletic, etc) _____

EXCLUDE ORGANIZATIONS IN WHICH THE NAME INDICATED THE RACE, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ITS MEMEBERS

U.S. Military or Present Membership in
Naval Service: _____ Rank: _____ Nation Guard or Reserves: _____

FORMER EMPLOYERS (list below the last 3 employers starting with you last employer first)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER MUST INCLUDE PHONE NUMBER	SALARY PER HOUR	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

Which of these did you like best? _____

What did you like most about this job? _____

REFERENCES:

Give the Names of three persons NOT RELATED to you, whom you have known at least three years

NAME	ADDRESS	PHONE #	OCCUPATION	YEARS AQUAINTED

IN CASE OF AN EMERGENCY

NOTIFY: _____
NAME ADDRESS PHONE RELATIONSHIP

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

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time at 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 understand that no company representative, other than its president, and then only when in writing signed by the president, has any authority to enter into agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

DATE: _____ **SIGNATURE:** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ **DATE:** _____

REMARKS: _____

NEATNESS: _____ **ABILITY:** _____ **HIRED:** YES NO **START:** _____

POSITION: _____ **SALARY/WAGE:** _____

Reference Check Release Form

Deauville Inn

201 Willard Road
Strathmere, NJ 08248
(609)263-2080
(609)263-7625 fax

I authorize the Deauville Inn to conduct a reference check with my present and/or previous employer(s). This also serves to authorize my present and/or previous employer(s) to provide reference information to the Deauville Inn as it is requested.

Print Name: _____

Signature: _____ Date: _____

Most Recent Employer: _____

Contact: _____

Title: _____ Phone Number: _____

Previous Employer: _____

Contact: _____

Title: _____ Phone Number: _____

Previous Employer: _____

Contact: _____

Title: _____ Phone Number: _____

Previous Employer: _____

Contact: _____

Title: _____ Phone Number: _____