

Sunset Beach Service, Inc.
9 Gipson Place, FWB
850-244-0452

Hired By: _____
 Hourly Rate: _____
 Start Date: _____
 Emp. #: _____
 Termination: _____

Employment Application

Full Name: _____ Date: _____
Last First M.I.

Address: _____ How Long: _____
Street Address/ Apartment/Unit # City State Zip

Cell Phone: _____ Date of Birth: _____ Height: _____ Weight: _____

Social Security No.: _____ Hours Desired: FT PT Weekends Only Date Available: _____

Marital Status: _____ No. of children: _____ Referred by: _____

Position Applied for: Beach Attendant Trainee Other (specify)
 Area Preferred: Navarre Ft. Walton Destin Miramar Beach

Are you Currently employed? YES NO If so, may we inquire of your present employer? YES NO
 Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
 Have you ever worked for this company? YES NO If yes, when?
 Have you ever been convicted of a felony? YES NO If yes, when & explain:

High School: _____ From: _____ To: _____ Did you graduate? Y N Diploma: Y / N

College: _____ From: _____ To: _____ Did you graduate? Y N Degree: _____

Other: _____ From: _____ To: _____ Did you graduate? Y N Certification: _____

From:	To:	Company:	Supervisor:	Phone:
Job Title:	Salary:	Reason for Leaving:		

From:	To:	Company:	Supervisor:	Phone:
Job Title:	Salary:	Reason for Leaving:		

From:	To:	Company:	Supervisor:	Phone:
Job Title:	Salary:	Reason for Leaving:		

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Circle Any Current Certifications or Skills

First Aid CPR Lifeguard Training EMT First Responder Carpentry Mechanics Other Specialized Certifications: _____

Swim Team SUP Surfing Sailing Kayaking Boogie Boarding Other Water Related Activities: _____

DO YOU:	Smoke	YES	NO	Drink	YES	NO	SUFFER FROM:	Sunburn	YES	NO
SUFFER FROM	Windburn	YES	NO	Heat Stroke	YES	NO	Skin Infections or	Others	YES	NO

Do you have Health Coverage	YES	NO	If YES, what company?							
Are you willing to take a polygraph test?	YES	NO	Are you willing to take a drug test	YES	NO					

I understand that Sunset Beach Service has adopted a drug testing program where employees will be required to submit to a drug and or alcohol test in the following situations: POST ACCIDENT- If an employee involved in an accident at work that requires medical attention, other than basic First Aid, OR if there is reasonable suspicion. Such as: 1) observation of drug or alcohol use, 2) conduct or erratic behavior while at work or a deterioration in work performance, 3) physical symptoms or manifestations of being under the influence of drugs or alcohol, 4) report of drug or alcohol use by a credible source.

Please list three professional references you have known for at least one year.

Name: _____ Company: _____ Relationship: _____ Phone: _____
 Name: _____ Company: _____ Relationship: _____ Phone: _____
 Name: _____ Company: _____ Relationship: _____ Phone: _____

INITIALS I understand that this is **Seasonal Employment** with the season ending **October 31st**. Over the winter I may be offered a position in the warehouse that would be part-time up to 32 hours per week.

INITIALS I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages, be terminated at any time without any previous notice.

INITIALS Upon termination, all property given to me by Sunset Beach Service, Inc. will be returned to management.

INITIALS I will be required to sign a Termination Release Form and give the address for my W-2 upon receiving my final paycheck.

INITIALS All employees are on a Probation Period for ninety (90) days from his/her start date.

I authorize investigation of all statements contained in the application. I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

IN CASE OF EMERGENCY NOTIFY:	NAME:	RELATIONSHIP:
ADDRESS:	PHONE:	