

THE BEACH

APPLICATION FOR EMPLOYMENT

The Beach is an equal opportunity employer and does not discriminate against applicants or employees because of race, color, religion, national origin, sex, age, citizenship status, disability status of an otherwise qualified individual, membership or application for membership in a uniformed service, or any other characteristic protected by law. The Beach maintains a drug-free, smoke-free workplace.

Personal Information (please print in ink)

Last Name	First Name	Middle Initial
If your former employment, education, or military service may be under a name other than stated above, please indicate (Last, First, Initial):		
Present Address	Street	City/State
		Zip
		Phone
Permanent Address	Street	City/State
		Zip
		Phone
Are you over 16 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, proof of age will be required		
Have you ever worked here?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when? In what department?
Position?	Supervisor?	
	Reason for leaving:	
Do you have relatives working here?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, who?
Relationship:	Department:	
Have you ever been convicted of a crime (excluding minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide complete details, including the nature of the crime, the date and place of conviction, the date and place of incarceration, if any, and disposition, including any suspended sentence, fines, probation, deferred adjudication, or similar disposition. <i>Conviction of a crime is not an automatic bar to employment. All relevant circumstances, such as how long ago the conviction occurred and the crime involved, will be considered in relation to specific job requirements.</i>		
Military Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of service: From: To:
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Prior to hire, you will be required to provide to The Beach documentation that proves your identity and legal work authorization.</i>		

Employment Information

Position Desired: _____

Salary Expected:	Date available for work:
Are you applying for:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer only
What shifts can you work:	<input type="checkbox"/> Any <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights
Are you willing to work weekends or holidays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often did you miss work last year?	
If you are applying for part-time or temporary work, please indicate the hours, days, and length of time you are available:	
Are you able to perform the functions of the job for which you are applying as described or demonstrated to you or as listed on the job description, if one has been provided to you, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about The Beach?	
<input type="checkbox"/> Journal ad, which one: _____ <input type="checkbox"/> If employee referral, name of employee: _____ <input type="checkbox"/> Student employment/school, which one? _____ <input type="checkbox"/> Placement firm: _____ <input type="checkbox"/> Previously employed at this facility: _____ <input type="checkbox"/> Other, please specify: _____	

Educational History

Name of School	Location	Course of Study	# of Years Completed	Did you graduate?	Diploma or degree?
High School:					
Colleges:					
Graduate School:					
Business, Vocational, or Technical School					
Other, specify:					
Clerical Skills, if applicable: <input type="checkbox"/> Typing _____ WPM <input type="checkbox"/> Shorthand _____ WPM <input type="checkbox"/> Dictaphone <input type="checkbox"/> Data entry <input type="checkbox"/> Other office skills:					

Professional Licenses, Certifications, or Registrations

Type of License, Certification, or Registration	Issued by (state/organization)	Registration or Certification	Expiration Date

Work History

Please fill out completely even if you have a resume. Start with your present or most recent job. Please include employment history of at least seven years and list self-employment, summer, and part-time jobs. If you need additional space, please use a separate sheet of paper.

Present or Most Recent Employer:		
Job Title:		
Complete street address:		
City	State/Zip	Phone
Supervisor's name:	Supervisor's title:	
Starting date:	Ending date:	
Starting salary:	Ending salary:	
Reason for leaving:		
Brief description of job:		
Contact name:	Contact Phone Number:	
Employer:		
Job Title:		
Complete street address:		
City	State/Zip	Phone
Supervisor's name:	Supervisor's title:	
Starting date:	Ending date:	
Starting Salary:	Ending Salary:	
Reason for leaving:		
Brief description of job:		
Contact name:	Contact Phone Number:	

Work History (Continued)

Employer:		
Job Title:		
Complete street address:		
City	State/Zip	Phone
Supervisor's name:		Supervisor's title:
Starting date:		Ending date:
Starting salary:		Ending salary:
Reason for leaving:		
Brief description of job:		
Contact name:		Contact Phone Number:
Employer:		
Job Title:		
Complete street address:		
City	State/Zip	Phone
Supervisor's name:		Supervisor's title:
Starting date:		Ending date:
Starting Salary:		Ending Salary:
Reason for leaving:		
Brief description of job:		
Contact name:		Contact Phone Number:

Please Read Carefully Before Signing

APPLICANT'S CERTIFICATION AND RELEASE STATEMENT

I hereby authorize The Beach to contact, obtain, and verify the accuracy of information contained in this application from all law enforcement agencies and any or all of my previous employers, references, and educational institutions, and otherwise to fully investigate my suitability for employment, character, general reputation, personal characteristics, mode of living, work habits, skills, or abilities. I understand that the results of any such investigation may be disclosed to The Beach personnel involved in the employment decision, and I consent to the disclosure of any such information to The Beach by those entities and individuals, and I also consent to the disclosure of any information necessary by The Beach to obtain or verify the accuracy of the information contained in this application. I agree and acknowledge that a copy or facsimile of this form shall have the same validity, force and effect as an original.

I certify that all information provided by me in this application is true and complete to the best of my knowledge. I understand that any misstatement, omission, falsification, or factual misrepresentation in this application may disqualify me from consideration for employment or, if hired, may result in disciplinary action up to and including termination of employment.

I acknowledge and agree that this application is not a contract or a legal guarantee of employment. If hired by The Beach, I understand that my employment will be at-will and not for any specific term, and that either I or The Beach may terminate my employment at any time, with or without reason or advance notice. I further understand that no employee or representative of The Beach, other than the President has the authority to enter into any agreement for a specified period of employment, or to make any statement contrary to the provisions outlined above.

If hired, I agree to comply with all rules, regulations, and operating procedures established by The Beach. I understand that The Beach may unilaterally change or revise its benefits, policies, and procedures and that such change may include a reduction in benefits, if any. I understand that The Beach has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment. I understand that consent to and compliance with the policy is a condition of my employment and that continued employment is based on the successful passing of testing under the policy.

I have read and fully understand the above statements and I seek employment under those conditions of my own free will and in accordance with my own judgment.

Applicant's Signature

Date

Applicant: please do not write in this area – for facility use only.

Notes:

Management use:

- Recommended for employment Hold for future opening Not qualified for opening

Comments:

Human Resources use:

- References and dates of employment checked: Yes No
 Recommended for employment Hold for future opening Not qualified for opening

Comments:

License verification: Yes No Date: _____ By whom? _____

Method: _____ License #: _____ Expiration date: _____

I-9 form completed: Yes No

IRS Form W-4 received: Yes No

Start date: _____ Position Title: _____

Department Name: _____

Shift: _____ Hours per pay period: _____

Salary Grade: _____ Starting salary: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____

KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with The Beach ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Kroll. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ **First Name:** _____ **Middle:** _____

Other Names Used _____ Years Used _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

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