

**Employment Application**

11065 County Road 293; Lakeview, OH 43331

Applicant Information											
Full Name:								Date:			
<i>Last</i>				<i>First</i>				<i>M.I.</i>			
Address:											
<i>Street Address</i>						<i>Apartment/Unit #</i>					
<i>City</i>						<i>State</i>		<i>ZIP Code</i>			
Phone: ( )				E-mail Address:							
Date Available:				Social Security No.:				Desired Salary:		\$	
Position Applied for:											
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 yes, when?					
Have you ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If yes, explain:											
Education											
High School:				Address:							
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
College:				Address:							
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
Other:				Address:							
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
References											
<i>Please list three professional references. (Companies where you have worked.)</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:							
If hired, can you submit for examination and copying, documents required to prove your identity and legal eligibility to work in the United States? _____ Yes No							
Are you of legal age to work in this state? _____ Yes No							
Are you of legal age to serve alcohol in this state? _____ Yes No							
If hired, can you submit proof of age? _____ Yes No							
How many jobs have you had in the last two years? _____							
Have you ever been terminated from a job? _____ Yes No							
You want to work Part Time (    hours/week) Full-time (    hours/week)							

Do you presently have a job that you intend to keep, if hired? \_\_\_\_\_ Yes No

Using the table below, please indicate the days you **CAN** work. **List the earliest and latest time you CAN work.** Please account for travel time to and from other obligations (e.g. Sports, classes, meetings, other employments, etc.) Being on time for a shift is mandatory.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Earliest In							
Latest Out							

Do you have reliable means of transportation to and from work for the days and times you are available? Yes No

Are you available to work holidays and weekends? \_\_\_\_\_ Yes No

Opening and Closing? \_\_\_\_\_ Yes No

We may conduct training on days, or at times you have other commitments. Is your schedule flexible so that you may attend all training necessary for the position applied for? \_\_\_\_\_ Yes No

Are you, or do you plan to be in school or taking courses at any time while working here? \_\_\_\_\_ Yes No

What commitments do you have or do you anticipate that may affect your schedule? \_\_\_\_\_

If hired, do you agree to keep your address and contact information updated and accurate at all times? Yes No

If hired, do you agree that you will keep the information of the Company confidential and not disclose such information to any third party? Yes No

Personal References (other than immediate family) Please complete all information

Name	Phone Number	Relationship	Years Known

Do you understand the requirements of the job for which you are applying? Yes No

Can you perform the essential functions required by the job for which you are applying either with or without reasonable accommodations? Yes No

PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BESIDE EACH SECTION

I certify that the information I provide in this Application and in seeking employment is true and complete and that I will update any information that changes. \_\_\_\_\_(initials)

I understand that false or misleading information given in this Application or during interviews may result in disqualification from consideration for employment or discharge in the event of employment. I authorize the company to make such inquiries of me, my references, prior employers, schools and any third party including but not limited to any Government Agency or any court or criminal justice entity to verify and evaluate my qualifications. \_\_\_\_\_(initials)

I hereby release employers, schools and other persons, institutions, or businesses from all liability in responding to inquiries in connection with this Application for employment. I understand and agree that this Application for employment does not create a contract for employment or a guarantee of employment. I also understand and agree that if I am hired, my employment is "AT WILL", which means that my employment is for no definite period of time and either the Company or I may terminate the employment relationship with or without cause at any time, and with or without any advance notice. I understand that only the company owners may change the "AT WILL" status of any employee in an express written agreement signed by the Owners and the employee. \_\_\_\_\_(initials)

I understand that Froggy's at the lake Resort, Inc., is a smoke-free environment required by law and that smoking will only be permitted outside in certain designated areas as stated by law. \_\_\_\_\_(initials)

I understand that any policies or procedures implemented by the Company in the event of my employment do not alter my "AT WILL" employment status. I understand that the Company, in its sole discretion, may at any time change personnel policies and may also change my job description, responsibilities and wages. \_\_\_\_\_(initials)

I hereby acknowledge, understand and agree with the foregoing and confirm that if I am hired I will be an "AT WILL" employee. \_\_\_\_\_(initials)

**Disclaimer and Signature**

*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:

We are an Equal-Opportunity Employer. Please do not include any information revealing your age, sexual orientation, disability, marital status, race, religion or national origin.