

**EDGEWATER BEACH AND CABANA CLUB
2019 SEASON APPLICATION**



AVAILABILITY:
DATE YOU CAN START -
LAST DATE YOU CAN WORK -
HOURS PER WEEK YOU ARE INTERESTED IN WORKING:
FORMAL REQUEST FOR DAYS OFF:
*NO HOLIDAYS/HOLIDAY WEEKENDS

PART I (To Be Completed By Employee)

LAST NAME:	
FIRST & MIDDLE NAME:	Preferred Name: (for name tag)
ADDRESS: (Street, City, State, Zip Code)	
Email Address:	Social Security #:
Home Phone #:	Cell #
Emergency Contact:	Emergency Phone #
U.S. Citizen: YES ___ NO ___	Place of Birth: (City, State & Country)
Position Applied For:	

Are you Employed? Yes ___ No ___	If so, where?
May we inquire of your present employer?	If so, when?
Yes ___ No ___	Date you can start:

Education History:

Name & Location of High School:	
Years Attended:	Did you graduate? Yes ___ No ___

Name & Location of College:	
Years Attended:	Did you graduate? Yes ___ No ___

Name & Location of Trade/Business/Other School:	
Years Attended:	Did you graduate? Yes ___ No ___

References

Name & Title:	Name & Title:
Business Name:	Business Name:
Years Known:	Years Known:
Telephone #	Telephone #

Signature of Applicant:

PART II (To Be Completed By Hiring Manager)

Start Date:	Re-Hire Date:
Home Department:	Rate:
Other Department:	Rate:
Other Department:	Rate:
Other Department:	Rate:

Interviewed By:	Date:
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Remarks:

Neatness:	Personality:
Character:	Ability:
Hired: Yes ___ No ___	Position/Department:
Start Date:	Salary:

_____ **Hiring Manager**

_____ **Date**

PART III - For HR Use Only

Employee #:	
Data Entered into Payroll: ___	Entered By & Date:
Data Entered into Time & Attendance: ___	Entered By & Date: