



BEACHCOMBER CAMPGROUND INC.
EMPLOYMENT APPLICATION

PRE-EMPLOYMENT QUESTIONNAIRE

EQUAL OPPURTUNITY EMPLOYER

462 SEASHORE RD CAPE MAY, NJ 08204 PHONE: (609)886-6035 FAX: (609)886-0289

EMAIL: beachcomberoffice@yahoo.com WEB: www.beachcombercamp.com

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME, MI)		DATE:	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER ()	REFERRED BY		

EMPLOYMENT DESIRED

POSITION(S)	DATE YOU CAN START	SALARY DESIRED
WHAT TYPE OF EMPLOYMENT ARE YOU LOOKING FOR? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	SHIFTS: <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> WEEKEND <input type="checkbox"/> OTHER:	
IF SEASONAL, WHAT IS THE LAST DATE YOU CAN WORK?	DO YOU HAVE A VALID NJ DRIVER'S LICENSE?	ARE YOU AT LEAST 18 YEARS OF AGE?
ARE YOU LEGALLY ALLOWED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> If NO, EXPLAIN:		
ARE YOU NOW EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU WORKED FOR BEACHCOMBER BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN? & WHAT POSITION?

EDUCATION

NAME AND LOCATION OF SCHOOL	NO. of YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			
MILITARY	RANK/ TRAINING RECEIVED	DATE DISCHARGED	

PERSONAL REFERENCES

NAME	OCCUPATION	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

ADDITIONAL INFO

DO YOU HAVE ANY EXPERIENCE WITH COMPUTERS OR SPECIFIC PROGRAMS? PLUMBING OR ELECTRIC OR OTHER TRADES?

PLEASE LIST ANY ADDITIONAL TRAINING, TRADE SKILLS, LICENSES, CERTIFICATIONS, SKILLS, OR LANGUAGES.

EMPLOYMENT RECORD

DATES (MO/YR)	EMPLOYER LOCATION & PHONE	SALARY START & END	SUPERVISOR & TITLE	REASON FOR LEAVING
FROM:				
TO:				
TITLE & DUTIES				
MAY WE CONTACT THIS EMPLOYER?: <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE NUMBER:				
DATES (MO/YR)	EMPLOYER LOCATION & PHONE	SALARY START & END	SUPERVISOR & TITLE	REASON FOR LEAVING
FROM:				
TO:				
TITLE & DUTIES				
MAY WE CONTACT THIS EMPLOYER?: <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE NUMBER:				
DATES (MO/YR)	EMPLOYER LOCATION & PHONE	SALARY START & END	SUPERVISOR & TITLE	REASON FOR LEAVING
FROM:				
TO:				
TITLE & DUTIES				
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO PHONE NUMBER:				

ADDITIONAL WORK EXPERIENCE CAN BE ATTACHED WITH A SEPARATE SHEET OF PAPER

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.
 I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE BEACHCOMBER CAMPGROUND INC. FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.
 I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF BEACHCOMBER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE _____ SIGNATURE _____
 _____ DO NOT WRITE BELOW THIS LINE _____

REMARKS- TO BE COMPLETED BY OFFICE STAFF ONLY

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT	POSITION	WILL REPORT	SALARY/WAGES

APPROVED: 1. _____ HIRING MANAGER 2. _____ DEPT. HEAD 3. _____ GEN. MANAGER