

I W ISLAND WRAPS

EMPLOYMENT APPLICATION

NAME _____

DATE _____

ISLAND WRAPS

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**Human Resources – Confidential
EMPLOYMENT APPLICATION**

ISLAND WRAPS is committed to equal opportunity in employment. Consistent with this commitment, applicants are considered for employment and employees are treated during employment without discrimination base on age, race, creed, color, national origin, gender, disability, marital status, veteran status, sexual orientation, religion, military status, alienage or citizenship status or any other characteristic protected by applicable federal, state, or local law.

ISLAND WRAPS comply with the law regarding reasonable accommodation for disabled employees.

Applicants requiring reasonable accommodation in order to participate in the interview process are requested to contact the Director of Human Resources in order to arrange such accommodation.

Please completely fill out this application. Failure to complete all sections may disqualify you from consideration for employment.

GENERAL

DATE OF APPLICATION: _____

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Social Security No.:</i>	<i>Drivers License No.:</i>	<i>Expiration Date:</i>
<u>ADDRESS INFORMATION</u>		
<i>Street:</i>	<i>City:</i>	<i>State:</i> <i>Zip Code:</i>
<i>Home Phone:</i>	<i>Mobile Phone:</i>	<i>Email Address:</i>

Are you able to Provide Verification of Your Current Legal Authorization to Work in the U.S. for Any Employer? YES
NO

Note: (Proof of U.S. employment authorization status will be required within 3 days of hire)

If You Are a Minor, Can Your Provide Work Authorization? YES NO

Are Your Eligible to Receive Any and All Licenses/Permits Required by Law to Perform the Positions (s) for Which You are Applying? YES NO

HAVE YOU BEEN CONVICTED OF ANY CRIMANL OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS WITHIN THE LAST SEVEN YEARS? YES NO IF YES, PLEASE DESCRIBE BELOW:

PLEASE NOTE: A record of conviction will not necessarily bar you from employment. A criminal conviction will be considered only in relation to the job for which you are applying. The seriousness and nature of the offense, the time elapsed and rehabilitation will be taken into account. It is only necessary to include convictions that have not been expunged from your records.

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HAVE YOU EVER BEEN TERMINATED FROM A JOB? YES NO IF YES, PLEASE EXPLAIN BELOW:

POSITION

ARE YOU SEEKING: FULL TIME PART TIME TEMPORARY SEASONAL

DESIRED POSITION: _____

DESIRED SALARY: _____

AVAILABLE TO BEGIN WORK: IMMEDIATELY OTHER DATE: _____

NEWSPAPER INTERNET FRIEND REFERRED BY _____

_____ WALKED BY OTHER SOURCE _____

HAVE YOU EVER BEEN EMPLOYED BY ISLAND FRESH CUISINE RESTURANT BEFORE? YES NO

IF YES, WHEN: _____

CIRCLE DAYS / SHIFTS THAT YOU ARE AVAILABLE TO WORK:

MON AM TUE AM WED AM THUR AM FRI AM SAT AM SUN AM
MON PM TUE PM WED PM THUR PM FRI PM SAT PM SUN PM

IF OFFERED THE JOB FOR WHICH YOU ARE APPLYING, ARE YOU ABLE TO PERFORM THE ESSENTIAL DUTIES OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

EDUCATION AND TRAINING

EDUCATIONAL BACKGROUND: Note: Collegiate and graduate educational history should only be submitted only for those institutions accredited by an accrediting agency recognizing by the federal or state department of education. If you are unsure of the accreditation of your educational institution, it must be noted on this application. Submitting degrees or coursework from a non-accredited institution will be considered a misrepresentation. Please note that we verify educational background.

<i>School Name:</i>		<i>City:</i>	<i>State:</i>
<i>Degree or Diploma Received:</i>			
<i>PLEASE NOTE GED OR OTHER EQUIVALENCY PROGRAM IF APPLICABLE</i>			
<i>Major Studies:</i>			
<i>High School:</i>			
<i>Undergraduate/Graduate:</i>			
<i>Other:</i>			
<i>LIST ANY SPECIAL TRAINING RECEIVED THAT MIGHT BE RELEVANT TO THE POSITON</i>			

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<i>Special Training:</i>		<i>From (Mo/Yr):</i>	<i>To (Mo/Yr)</i>
<i>Subject Certificate:</i>			
LIST ANY OTHER SPECIAL SKILLS, CERTIFICATES OR LICENSES YOU POSSESS WHICH ARE RELEVANT TO WORKING AT A FINE DINING RESTAURANT:			

List your employers, assignments or volunteer activities starting with your most **recent one**. Please explain gaps in time in employment history. Please indicate if you were employed under a different name than that provided in this application. Military experience may be included if you obtained skills which would be helpful in the job for which you are applying.

IMPORTANT: THIS SECTION MUST BE COMPLETED IN DETAIL. YOU MAY ATTACH YOUR RESUME IF YOU WISH; HOWEVER, REFERENCE TO A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS SECTION.

<i>Date of Employment</i>	<i>From:</i>	<i>To:</i>	<i>Position Held:</i>
<i>Company Name:</i>		<i>Address:</i>	
<i>Immediate Supervisor's Name:</i>	<i>Title:</i>	<i>May We Contact This Employer? NO <input type="checkbox"/> YES <input type="checkbox"/></i>	
<i>Nature of Work Performed/Responsibilities:</i>			

<i>Date of Employment</i>	<i>From:</i>	<i>To:</i>	<i>Position Held:</i>
<i>Company Name:</i>		<i>Address:</i>	
<i>Immediate Supervisor's Name:</i>	<i>Title:</i>	<i>May We Contact This Employer? NO <input type="checkbox"/> YES <input type="checkbox"/></i>	
<i>Nature of Work Performed/Responsibilities:</i>			

<i>Date of Employment</i>	<i>From:</i>	<i>To:</i>	<i>Position Held:</i>
<i>Company Name:</i>		<i>Address:</i>	
<i>Immediate Supervisor's Name:</i>	<i>Title:</i>	<i>May We Contact This Employer? NO <input type="checkbox"/> YES <input type="checkbox"/></i>	

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Nature of Work Performed/Responsibilities:

PLEASE PROVIDE CONTACT INFORMATION OF THREE RECOMMENDED INDIVIDUALS NOT RELATING TO YOU OR THAT YOU HAVE BEEN EMPLOYED BY:

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE

CERTIFICATION AND AUTHORIZATION

I certify that the information given herein is true and complete to the best of my knowledge. I authorize ISLAND WRAPS to investigate any information, including my employment history, educational background, credit history and record of criminal convictions that it believes is relevant to my employment application. My current and former employers, educational institutions, and personal reference may provide information that they may have about me in response to inquire from the employer. I understand that any offer of employment by ISLAND WRAPS is contingent upon obtaining reference information learned through the above-mentioned reference checks, as well as upon the successful completion of a criminal history and background check. I understand that omitting material fact and/or providing false or misleading information or misrepresentations in my application, resume, or during the interview process my result in a refusal to hire, or discharge in the event of employment. I understand that I shall be required to provide documentation establishing my legal authorization for employment with **three days** of my employment. I understand that if employed, my employment will be at will and I will not have a guarantee of employment for any specific period of time unless otherwise provided in a written employment agreement signed by the Company President and me. ISLAND WRAPS is an Equal Opportunity Employer and shall treat all employees and all applicants for employment equally and fairly based upon job related qualifications and in accordance with all applicable local, state and federal laws.

I hereby release employers, schools, or persons from all liability when responding to inquires in connection to my application. In the event that I am employed, I understand that false or misleading information given in my application or interview (s) may result in discharge of my employment.

APPLICANT'S SIGNATURE: _____ **DATE:** _____