

APPLICATION FOR EMPLOYMENT

All fields must be completed

AN EQUAL OPPORTUNITY EMPLOYER

Date Application Completed: _____

Location Applied for: **Islands Management Co., LLC**

How did you learn of our Company? _____

If referral, who were you referred by? _____

Have you ever applied or worked here before? YES ☐ NO ☐ If yes, provide dates: _____

Position(s) applied for / Pay Expected: _____

Email: _____

Last Name		First Name		Middle Name	
Street Address				Telephone Number ()	
City, State, Zip					
<p>Only those U.S. Citizens or Aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, provide documentation verifying your legal right to work in the United States and your identity? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Do you understand the requirements of the Position you have applied for? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Can you perform the physical requirements with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Will you work overtime if needed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Do you currently have any relatives working for the Company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please list name(s): _____</p>					
Name & Location of Schools Attended		Graduate (YES/NO)		Type of Degree Awarded	
High School					
College					
Other					

If you did not graduate from High School, circle the last year of school you completed:

5 6 7 8 9 10 11

List any other Education, Certifications, or Trade Skills that you have which relate to this job:

Are you 16 years of age or older? YES ☐ NO ☐ / Are you 18 years of age or older? YES ☐ NO ☐

Have you ever been discharged or forced to resign? YES ☐ NO ☐ If yes, provide dates: _____

A RECORD OF CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT CONSIDERATION. Have you ever been **CONVICTED** of a felony or misdemeanor, other than traffic violations in the last seven (7) years? YES ☐ NO ☐

If YES, list convictions, dates, and county/state of conviction: _____

EMPLOYMENT HISTORY

Please provide accurate, complete full-time and part-time employment history for your last three positions. Start with your most recent employer.

# 1 Company Name _____	Telephone () _____
Address _____	Employed From _____ To _____
Supervisor's Name _____	Starting Pay _____ Ending Pay _____
Your Title _____	Reason for Leaving _____
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# 2 Company Name _____	Telephone () _____
Address _____	Employed From _____ To _____
Supervisor's Name _____	Starting Pay _____ Ending Pay _____
Your Title _____	Reason for Leaving _____
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# 3 Company Name _____	Telephone () _____
Address _____	Employed From _____ To _____
Supervisor's Name _____	Starting Pay _____ Ending Pay _____
Your Title _____	Reason for Leaving _____
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain any gaps in employment: _____

IMPORTANT – READ CAREFULLY BEFORE SIGNING

I certify that the information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of material fact on this application will result in my immediate dismissal. I authorize all persons, schools, companies, corporations, credit bureaus, government agencies, or any other party to release information concerning my background which may include, but is not limited to, criminal, credit, driver's records, so long as not prohibited by law and the requests are job related.

I further agree to submit to alcohol and/or drug screening tests, if requested of me, at any time prior to or during my employment in accordance with applicable law, and I further understand and consent to the results of said tests being communicated to the company. I further understand that no one, other than the President of the company in writing, has the authority to enter into an employment agreement with me that differs from that which is outlined here, and that if I should become employed by the company that the employment relationship is "at will" and can be terminated by either party without cause.

I expressly agree and understand that, if employed, my employment is not for a specific term, is based on mutual consent and may be terminated by me or my employer(s) with or without notice or cause at any time. I further understand that no oral promise, employer(s) policy, custom, business practice or other procedure (including the basic employment policies, personnel handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the employer(s). I also understand that this aspect of my employment may not change absent and individual written agreement signed by both me and the president of the company.

I further understand that this application for employment will remain "active" for thirty (30) days from today's date. If I still desire a position with the company, it will be my responsibility to fill out a new application and file it with the company after that period expires.

Signature of Applicant _____ Date _____