



OCEAN TENTS & PARTY RENTALS EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. All applicants are considered without regard to race, religion, disability, gender, national origin, age (for those age 40 or over), or any other basis protected by federal, state, or local law. This employment application is only active for 30 days. After this time period, a separate employment application must be submitted in order to be considered for employment.

PERSONAL DATA:

PLEASE PRINT CLEARLY

Date: _____

First Name _____ Middle _____ Last _____
 Street Address _____ Social Security No. _____
 City/State/Zip _____ Phone (____) _____
 How did you find out about this job? Newspaper Referral Other
 If hired, do you have a reliable means of transportation to get to work? Yes No What is it? _____
 Minimum salary expected _____ Are you at least 18 years old? Yes No
 If the job you are applying for requires driving: Driver's License No. _____ State Issued _____ Expiration Date _____
 Are you legally eligible for employment in the U.S.? Yes No (Proof of U.S. citizenship or immigration status will be required if hired.)

EMPLOYMENT DATA:

Are you seeking: Temporary Full-time Part-time What position(s) are you applying for? _____
 What hours and shift(s) would you prefer to work? _____
 What hours and shift(s) would you prefer not to work? _____
 Please indicate any shift(s) you would not be available to work. _____
 Are you willing to work overtime? Yes No Weekends? Yes No Holidays? Yes No
 Are you currently employed? Yes No If hired, when would you be able to start? _____
 Have you ever worked for this organization before? Yes No If yes, name used: _____
 List any friends or relatives employed by this company: _____
 Are you on layoff and subject to recall? Yes No
 Have you ever been discharged or asked to resign from any position? Yes No If yes, please describe: _____

 How many days have you missed from school or work within the last year other than approved vacation, sick, or disability leave? _____
 How many days have you been late to school or work within the last year other than approved vacation, sick, or disability leave? _____
 Please describe: _____
 If applicable, please refer to the attached job description for the position for which you are applying. Are you able to perform all these tasks with or without reasonable accommodation? Yes No Please describe which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need: _____

EDUCATION: (Circle highest level attained.)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D. College: 1 2 3 4 5 6 7 8
 Name of School: _____ Name of School: _____ Name of School: _____
 Location of School: _____ Location of School: _____ Location of School: _____
 If currently in high school, are you enrolled in a recognized co-op program? Yes No Degree & Major: _____
 If yes, identify program and school: _____ Minor: _____

MILITARY SERVICE:

Are you a veteran? Yes No If yes, give dates of service: From _____ To _____ List any special skills or training: _____

WORK HISTORY: (Please list your last four employers. Begin with the most recent.)

1. Company _____	Phone No. with Area Code () _____
Address _____	City/State/Zip _____
Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
Job Title _____	Supervisor's Name & Title _____
Describe duties briefly: _____	
Specific reason for leaving: _____	
2. Company _____	Phone No. with Area Code () _____
Address _____	City/State/Zip _____
Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
Job Title _____	Supervisor's Name & Title _____
Describe duties briefly: _____	
Specific reason for leaving: _____	
3. Company _____	Phone No. with Area Code () _____
Address _____	City/State/Zip _____
Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
Job Title _____	Supervisor's Name & Title _____
Describe duties briefly: _____	
Specific reason for leaving: _____	
4. Company _____	Phone No. with Area Code () _____
Address _____	City/State/Zip _____
Dates of Employment: From _____ To _____	Salary: Beginning _____ Ending _____
Job Title _____	Supervisor's Name & Title _____
Describe duties briefly: _____	
Specific reason for leaving: _____	

May we contact all of the employers listed above? Yes No If not, tell us which one(s) you do not wish us to contact and why. _____

How many jobs have you had in the last five years not listed above? _____

Why are you seeking a new position at this time? _____

List any business-related outside interests and organizations you're active in _____

TELL US ABOUT YOUR JOB SAFETY RECORD: _____

PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE THE APPLICATION.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third-party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug test required, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician. **I further understand this is an application for employment and no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and the company may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company, who may do so only in writing.** I have read and agree to the above.

Applicant's Signature _____ Date _____

*Check over the foregoing application, to make sure it is complete, signed and dated. ****DO NOT LEAVE ANYTHING BLANK***