

Join Our Team

EMPLOYMENT APPLICATION FORM

To be considered an applicant you must complete this form. Each question should be answered fully and accurately. Please insert "n/a" if you don't have information to fill in each field.

* Denotes required information.

First and Last Name: *

Your Full Name

Current Address: *

Street Address, House Number, Apartment, Building, Floor, etc.

City: *

City

Phone Number: *

(000) 000-000

Age: *

Your Age

State: *

State

Email: *

example@example.com

Zip Code: *

Zip Code

Position applied for: *

Cabana Service Chair Service Locker Service Food Service Pool Lifeguard Ocean Rescue

Lifeguards Only: * Please list all current certifications and expiration dates

Are you able to regularly and repeatedly lift 50 lbs? * Yes No

Restaurant Skills: * Please check any skills you have

Waiting Tables Host/Hostess Cook Prep/Kitchen Bus None

Other:

Days available: *

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

How many hours can you work weekly? *

Can you work nights? * Yes No

Are you available to work the entirety of the summer season? * Yes No

May 24 - September 2

If not, please explain why, and what dates you are available to work: (Due to college resuming, other obligations, etc.)

Employment desired: * FULL-TIME only PART-TIME only FULL or PART-TIME

Educational History: Please list all educational history, including a list of schools attended(name + address), # of years completed, and any major/degree.

Have you ever been convicted of a crime? * Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Are you willing to submit to a drug test? * Yes No

References: * Please list two references other than relatives or friends.

Do you have a driver's license? * Yes No

What is your means of transportation to work? *

Work Experience: * Please provide a list of work experience from most recent to least recent for the last 5 years. Please include employer address, name of supervisor, dates of employment, salary, title, and reason for leaving.

Additional Information: Please summarize any additional information necessary to describe your qualifications for the specific position you are applying for.

May we contact your current employer? * Yes No

Did you complete this application yourself? * Yes No

After completing the application form, please click on the SUBMIT button and you will be forwarded to your email box in order to send it to us.

You may also save the file on your computer and send it to us later as an attachment to the following email address: contact@theshoresab.com

Thanks for taking the time to apply for a position with us!

