



Breezeway Family Resorts, Inc. dba Maria's Seaside Cafe

132 Atlantic Avenue, PO Box 1368, Westerly, RI 02891

Employment Application Form

Please print and complete pages 1—5. Do not forget to sign and date page 5. If considered for employment you must also complete U.S. Government forms W-4 and I-9. You must present your social security card and drivers license (or valid state ID, passport or visa if applicable). Applicants may be drug tested.

Social Security #

Today's Date _____ / _____ / 20____
Month Day Year

Name _____
Last First Middle Maiden

Current Address _____
Number Street State Zip Code Country

Mailing Address (if different) _____

Email Address _____

Own or Rent your address? (circle one) If rent, name and telephone # of landlord _____

Prior Address (if less than 3 years at current address)

Number Street State Zip Code Country

Telephone # (This should be a number where we can easily reach you.) (_____) _____

Alternate Telephone #'s (_____) _____, (_____) _____

Date of Birth _____ / _____ / _____

Position Applying For (1) _____, (2) _____

Date you can begin work? _____ Last date you can work for the season? _____

Employment desired (circle one) Full Time Seasonal Part Time Seasonal Either Full or Part Time Seasonal

Days of week and specific hours you can work?

Sun____, Mon____, Tues____, Wed____, Thurs____, Fri____, Sat____

Specific dates you will be unavailable to work? _____

Do you require seasonal housing? _____ Yes _____ NO

Education

Name and address of School— Degree— Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

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. _____

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

What is your means of transportation to work? _____

Driver's license number _____ State of Issue _____ operator _____ commercial (cdl) _____ Chauffeur

Expiration Date _____

Have you had any accidents during the past three years? ___Y ___N If yes, how many? _____

Have you had any moving violations in the past three years? ___Y ___N If yes, how many? _____

Please list two references other than relatives or previous employers.

Name _____	Name _____
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Position _____	Position _____
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Company _____	Company _____
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Address _____	Address _____
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_____	_____
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Telephone (_____) _____ - _____	Telephone (_____) _____ - _____
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An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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EXCEPT SIGNATURE**

Have you ever been in the armed forces? ____Y ____N
 Are you now a member of the national guard? ____Y ____N
 Specialty_____ Date Entered _____ Discharge Date_____

Work Experience
 Please list your work experience for the past five years beginning with your most recent job held. If you were self employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your job title		

Reason for leaving (be specific)
 List the jobs you held, duties performed, skills used or learned, advancements or promotions while at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your job title		

Reason for leaving (be specific)
 List the jobs you held, duties performed, skills used or learned, advancements or promotions while at this company.

May we contact each prior employer? _____ Yes _____ No If not, why? _____
 May we contact your present employer? _____ Yes _____ No
 Did you complete this application yourself? _____ Yes _____ No
 If not, who did and why? _____

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 Did you complete this application yourself? _____ Yes _____ No
 If not, who did and why? _____

Authorization To Release Information

I hereby authorize **Breezeway Family Resorts, Inc, dba Maria's Seaside Cafe** to make any investigations of my prior employment or educational history. This information will assist them in their assessment of my qualifications.

I hereby authorize my present and past employers and schools that I have attended to release any employment information (including attendance records, performance evaluations, etc), references, academic records (including transcripts, credentials, etc.) and any other confidential information that **Breezeway Family Resorts, Inc, dba Maria's Seaside Cafe** may request.

I hereby waive any right I may have to review the information collected through the above authorization.

I have carefully read and reviewed all the provisions above and have voluntarily agreed to sign this authorization.

Date: _____

(Signature of Applicant)

(Printed Name of Applicant)

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability or any other basis prohibited by Law. We assure that your opportunity for employment with this company depends only on your qualifications.

Thank you for your interest in our business and for completing this form in its entirety.