

Casino Beach Pier, LLC

800 Ocean Terrace
Seaside Heights, NJ 08751
732-793-6488

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION			
Name:			Date:
Social Security No:			Telephone:
Present address			
Street:	City:	State:	Zip:
Permanent address			
Street:	City:	State:	Zip:
Date of Birth:	Position desired:		
Date you can start:	Salary desired:		
Have you ever been employed here before? Yes/No When?			
Are you prevented from lawfully being employed in the US? Yes/No			
Have you been convicted of a felony or misdemeanor within the last 5 years? Yes/No			
Describe:			

EDUCATION	
School most recently attended	
Name:	
Address:	
Years attended:	Graduation date:
College/Technical school	
Name:	
Years attended:	Courses studied:

PREVIOUS EMPLOYMENT				
List most recent job first				
DATES	NAME & ADDRESS	TELEPHONE	REASON FOR LEAVING	POSITION
1)				
2)				
3)				

**ALL TAX FORMS MUST BE COMPLETED AND TWO FORMS OF IDENTIFICATION
MUST BE HANDED IN BEFORE YOUR FIRST PAYCHECK CAN BE ISSUED.**

REFERENCES

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

EMERGENCY NOTIFICATION

NAME:	ADDRESS:	PHONE:	RELATIONSHIP:
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PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES/NO.
PLEASE DESCRIBE:
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

I UNDERSTAND AND AGREE THAT:

1. ANY MATERIAL MISREPRESENTATION OR DELIBERATE OMISSION OF FACT IN MY APPLICATION MAY BE JUSTIFICATION FOR REFUSAL OF, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT.
2. IT IS MY UNDERSTANDING THAT CASINO BEACH PIER, LLC WILL MAKE A THOROUGH INVESTIGATION OF MY ENTIRE WORK HISTORY AND MAY VERIFY DATA GIVEN IN MY APPLICATION FOR EMPLOYMENT, RELATED PAPERS OR ORAL INTERVIEWS. I AUTHORIZE SUCH INVESTIGATION AND THE GIVING AND RECEIVING OF ANY INFORMATION REQUESTED BY CASINO BEACH PIER, LLC AND I RELEASE FROM LIABILITY ANY PERSON GIVING OR RECEIVING ANY SUCH INFORMATION. I UNDERSTAND THAT FALSIFICATION OF DATA SO GIVEN OR OTHER DEROGATORY INFORMATION DISCOVERED AS A RESULT OF THIS INVESTIGATION MAY PREVENT BY BEING HIRED, OR IF HIRED, MAY SUBJECT ME TO IMMEDIATE DISMISSAL.
3. I AGREE THAT MY EMPLOYMENT MAY BE TERMINATED BY THIS COMPANY AT ANY TIME WITHOUT LIABILITY FOR WAGES OR SALARY EXCEPT SUCH AS MAY HAVE BEEN EARNED AT THE DATE OF SUCH TERMINATION. IF REQUESTED BY MANAGEMENT AT ANY TIME, I AGREE TO SUBMIT TO SEARCH OF MY PERSON OR SEARCH OF ANY LOCKER THAT MAY BE ASSIGNED TO ME, AND I HEREBY WAIVE ALL CLAIM FOR DAMAGES ON ACCOUNT OF SUCH EXAMINATION. I AUTHORIZE ANY PHYSICIAN OR HOSPITAL TO RELEASE ANY INFORMATION WHICH MAY BE NECESSARY TO DETERMINE MY ABILITY TO PERFORM THE DUTIES OF A JOB I AM BEING CONSIDERED FOR PRIOR TO EMPLOYMENT OR IN THE FUTURE DURING MY EMPLOYMENT WITH CASINO BEACH PIER, LLC.
4. I UNDERSTAND THAT BUSINESS NEEDS MAY AT TIMES MAKE OVERTIME, SHIFT WORK, A ROTATING WORK SCHEDULE, OR A WORK SCHEDULE OTHER THAN THROUGH FRIDAY MANDATORY. I ACCEPT THESE AS CONDITIONS OF MY CONTINUING EMPLOYMENT .

I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION FOR EMPLOYMENT AND THAT NO EMPLOYMENT CONTRACT IS BEING OFFERED.

I UNDERSTAND THAT IF I AM EMPLOYED SUCH EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND THAT CASINO BEACH PIER, LLC CAN CHANGE WAGES, BENEFITS AND CONDITIONS AT ANY TIME.

I HAVE READ AND UNDERSTAND THE ABOVE AND CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature:

Date:

DO NOT WRITE BELOW THIS LINE

HIRED BY:

START DATE:

DEPT:

WAGE: