

# **APPLICATION FOR EMPLOYMENT**

Applicants for employment are considered without regard to race, color, religion, sex, marital status, national origin, age, disability, sexual orientation, veteran status or any other factor protected by law. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Date of Application \_\_\_\_\_

Position (s) Applied For  
\_\_\_\_\_

Referral Source: \_\_\_\_\_Internet \_\_\_\_\_Newspaper \_\_\_\_\_ Friend/Relative \_\_\_\_\_ Other

Your Name  
\_\_\_\_\_

Current Address  
\_\_\_\_\_

Telephone \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

Are You Under 18? \_\_\_\_\_ Yes \_\_\_\_\_ No      Previously Applied @ CBC? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are You a U.S. Citizen? \_\_\_\_\_Yes \_\_\_\_\_No (Proof of citizenship/immigration status is required upon hiring)

**Employment Experience** (list most recent first; include any verified work performed on a volunteer basis. You may exclude organizational names which indicate race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or veteran status.)

Dates Name & Address of Employer, Salary, Position, Reason Left

From \_\_\_\_\_ To \_\_\_\_\_

Employment Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Employment Information:

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From \_\_\_\_\_ To \_\_\_\_\_

Employment Information:

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Special Skills & Qualifications

List Certifications/Licenses

**Education**

High School

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College

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Describe Course of Study

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Describe Specialized Training, Apprenticeship or Extra-Curricular Activities

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Exact Date of Availability for Work \_\_\_\_\_

Exact Date School/College Begins in Fall \_\_\_\_\_

Dates Available For Personal Interview CBC  
\_\_\_\_\_

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand that if hired my employment will be at-will in nature and may be terminated, with or without cause, at any time, either by myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

AGREEMENT: I certify that the information on this application is true, complete and correct. I authorize Chappaquiddick Beach Club, Inc. to investigate my past employment, education and activities and I release from liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

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Signature and Date

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***IN CASE OF EMERGENCY NOTIFY:***

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_