



O.C. SEACRETS, INC.
117 West 49th Street
Ocean City, MD 21842
Phone: 410-524-4900
Fax: 410-723-4347

APPLICATION FOR EMPLOYMENT

O.C. Seacrets, Inc. is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status or sexual orientation, veteran status, the presence of a medical condition or disability unrelated to the ability to perform with or without a reasonable accommodation, or any other legally protected status under applicable law

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Local Address _____

Permanent Address _____

Phone Number(s) _____

Referred by: _____ Email _____

EMPLOYMENT DESIRED

Position Applying For _____ Date Available _____

Salary Requirement _____ Last day you can work? _____

Are you employed now? _____ If so, may we inquire of your employer? _____

Can you work night and weekend shifts? Yes No

Are you 21 years of age or older? Yes No Birth date: (optional) _____

EMPLOYMENT ELIGIBILITY

If you are offered employment, will you be able to submit proof of your eligibility to Work in the United States? (Identification, Social Security Card, Work Authorization) Yes No

Do you have a Criminal Record? Yes No

If yes, please give details: _____

GENERAL QUESTIONS

Do you know CPR? Yes No Do you know the Heimlich maneuver? Yes No

Why do you wish to work at Seacrets? _____

How can you help Seacrets? _____

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	# OF YRS. ATTENDED	DID YOU GRADUATE	COURSE OF STUDY OR DEGREE REC'D
HIGH SCHOOL				
COLLEGE				
TRADE, BUS. OR OTHER				

EMPLOYMENT EXPERIENCE

LIST LAST THREE EMPLOYERS, STARTING WITH YOUR PRESENT OR MOST RECENT ONE.

DATES (mm/yy)	NAME & ADDRESS OF EMPLOYER	PHONE #	SALARY	POSITION	REASON FOR LEAVING
From To					
From To					
From To					

REFERENCES

LIST BELOW 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	ADDRESS	PHONE	POSITION	YRS KNOWN

PHYSICAL RECORD: Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES _____ NO _____

TERMS OF EMPLOYMENT: I, THE UNDERSIGNED, STATE THAT ALL INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE O.C. SEACRETS, INC. TO VERIFY SUCH INFORMATION AND TO CONTACT ANY REFERENCE GIVEN BY ME AND RELEASE THE COMPANY FROM ANY AND ALL CLAIMS ARISING FROM SUCH VERIFICATION AND REFERENCE EFFORTS. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED BY THE COMPANY AT ANY TIME WITHOUT ADVANCE NOTICE; ITS ONLY OBLIGATION BEING TO PAY WAGES OR SALARY DUE TO ME. THE COMPANY SHALL HAVE THE RIGHT AT ANY TIME AFTER THE TERMINATION OF EMPLOYMENT TO FURNISH TO OTHERS INFORMATION CONCERNING MY EMPLOYMENT RECORD WITH THE COMPANY, INCLUDING THE INFORMATION CONTAINED IN THIS APPLICATION. I AGREE NOT TO DISCLOSE ANY OF THE COMPANY'S TRADE SECRETS OR OTHER CONFIDENTIAL OR RESTRICTED INFORMATION. THESE CONDITIONS APPLY TO THE APPLICATION FOR EMPLOYMENT AT THIS TIME AND APPLY ALSO TO ANY FUTURE POSITIONS I MAY HOLD WITH O.C. SEACRETS, INC.

APPLICANT'S SIGNATURE _____

DATE: _____