

# OCEAN SUITES

16045 Lower Harbor Road  
Brookings, OR 97415  
541-469-4004/541-813-0830 fax

I am 18 years old or older Y / N  
Driver's License Y/N

How did you learn of this job? *Friend/Relative*  
*Work Center Newspaper Other* \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

DATE	eMail:		
LAST NAME	FIRST NAME	MIDDLE INITIAL	
PHONE NUMBER (Cell Y/N)	MESSAGE PHONE (Cell Y/N)		
STREET ADDRESS	MAILING ADDRESS		
CITY	STATE	ZIP CODE	

Are you either a U.S. citizen or an alien authorized to work in the United States Yes \_\_\_\_\_ No \_\_\_\_\_

I understand and agree that 1) a criminal background check may be performed and 2) that I may be required to take one or more physical examinations and/or lie detector tests as a condition of hiring or continued employment. I must be able to pass a random drug test. I agree to consent to take such test(s) at such time as designated by Ocean Suites and to release Ocean Suites, its directors, officers, agents or employees from any claim arising in connection with the use of such tests.  
Yes \_\_\_\_\_ No \_\_\_\_\_

### EMPLOYMENT DESIRED

Position	Date you can start	
Days available to work	Hours Available	
Current Employer	Position	Phone #

**Please list the name, address and phone number of someone to contact in case of emergency.**

Name	Phone Number	
Address	City & State	Zip Code
Relationship		
Name of Physician	Phone Number	

**Please list the names, addresses and phone numbers of (2) people you have known for two (2) years or more.**

	Relationship:
	Relationship:

**SIDE ONE - Turn over and complete side two**

### FORMER EMPLOYERS

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DATE		NAME AND ADDRESS OF EMPLOYER	POSITION
FROM	TO		
Name of direct Supervisor		Phone #	
REASON FOR LEAVING			

DATE		NAME AND ADDRESS OF EMPLOYER	POSITION
FROM	TO		
Name of direct Supervisor		Phone #	
REASON FOR LEAVING			

I allow Ocean Suites Motel to perform an employment reference check that includes salary, position, work habits and job performance. SIGNATURE: \_\_\_\_\_

### EDUCATION

NAME OF HIGH SCHOOL:	High School Diploma Y / N	GED Y / N
NAME OF COLLEGE(s):	Years Attended:	Degrees Received:
NAME OF TRADE SCHOOL(s):	Years Attended:	Certifications/Degrees Received:

### PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes \_\_\_\_\_  
No \_\_\_\_\_

*If the answer is yes, please explain:*

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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

*I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.*

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date \_\_\_\_\_

Signature \_\_\_\_\_