

Date ____/____/____



Lambertville Waterfront EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Company to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

**To help us learn about your experience, abilities, and interests,
please complete this Application for Employment as thoroughly as possible.**

Rev11/08

PERSONAL INFORMATION

NAME: Please PRINT	Home telephone No.	Cell Phone No.
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Email address:
PREVIOUS ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at previous address:	
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted of a misdemeanor, felony, or plead no contest to a child abuse or sex-related crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain: A conviction will not necessarily disqualify you, but will be discovered upon a background check if you are extended an offer of employment. A false answer to this question may result in termination of an employment offer.		
Are you able to perform the duties of the position to which you are applying? Are you able to perform all of these tasks with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO Please describe below which tasks, if any, you will need an accommodation to perform, and explain what type of accommodation you will need:		

Date ___/___/___

EMPLOYMENT DESIRED

Position desired:	Date Available	Salary desired
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Will you be able to work the schedule described for the job that you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you available to work on holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO Please circle all days/times that you are available to work:		
SUNDAY AM / PM	MONDAY AM / PM	TUESDAY AM / PM
WEDNESDAY AM / PM	THURSDAY AM / PM	FRIDAY AM / PM
SATURDAY AM / PM		
Have you ever been employed here before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when & where?		Have you ever applied here before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when & where?
How were you referred: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Other (please specify below) (Please identify source below) _____ Name of Employee _____		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION	Years Attended From To	Graduate? (Yes/No)	What Degree	Major Subject/ Total Hours (if applicable)
Elementary				
High School				
College/University				
College/University				
Highest Degree Earned (Circle one number only): 1. High School 2. Associate 3. Bachelor 4. Master 5. Other				Overall College Scholastic Average
Additional Education, Vocational, Professional training licensing, or certification.				
Professional memberships (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.)				
<input type="checkbox"/> Computer Skills : Keyboarding WPM _____	Software Programs:	<input type="checkbox"/> Other machines requiring special skills:		

U.S. MILITARY SERVICE DATA

Branch:	Form :	to
List Special Training or Skills:		

Date ___/___/___

EMPLOYMENT DATA

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST				Description of Duties
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final	
Supervisor (Name & Title)				
Reason for Leaving				
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final	
Supervisor (Name & Title)				
Reason for Leaving				
Company Name		Phone No. ()	Dates of Employment From (Mo/Yr) To (Mo/Yr)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final	
Supervisor (Name & Title)				
Reason for Leaving				
Company Name		Phone No. ()	Dates of Employment From (Mo./Yr.) To (Mo./Yr.)	
Address (Include Street, City, State, Zip Code)				
Job Title-Start	Job Title-Final		Base Rate of Pay Start Final	
Supervisor (Name & Title)				
Reason for Leaving				

Date ___/___/___

REFERENCE DATA

(Adults provide 3 personal and 3 professional references; Minors only need to provide 4 references total. If there is no previous work history, only the personal reference section need be filled in)

PERSONAL REFERENCES WE MAY CONTACT

Name	Address	Area Code	Phone
1.			
2.			
3.			
4. (Minor)			

PROFESSIONAL REFERENCES WE MAY CONTACT

Name	Address	Area Code	Phone
1.			
2.			
3.			

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct. I agree that the Lambertville Waterfront shall not be held liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and the Lambertville Waterfront concerning the nature of my employment by the Organization. This document supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between the Organization and me. I understand and agree that, except as noted above, no person who is either an agent or employee of the Organization may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature

Date of Application

11/08