

**G E N E R A L**

Local Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street City State Zip Home Message

E-mail \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street City State Zip Home Message

**A G E**

DATE OF BIRTH\* \_\_\_\_\_ AGE\* \_\_\_\_\_  
\*Questions optional if over 18 years of age

Can you, after employment, submit proof of age and verification of your legal right to work in the United States?  
 Yes  No

**A V A I L A B I L I T Y**

WHAT DAYS AND HOURS ARE YOU AVAILABLE FOR WORK?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
_____	_____	_____	_____	_____	_____	_____

DO YOU REQUIRE ANY SPECIAL TIME OFF DURING THE NEXT 6 MONTHS?  
(Include classes, planned vacations and sports commitments)  Yes  No

If yes, state dates and reason \_\_\_\_\_

HOW LONG WILL YOU BE AVAILABLE TO WORK FOR US, IF HIRED?  
 End of Summer Season  Until \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Please Explain

**P E R S O N A L**

In answering the following question, you may exclude convictions that have been sealed, expunged or legally eradicated; certain marijuana-related offenses more than 2 years old; misdemeanor convictions for which probation was completed and the case dismissed; and minor traffic violations. Do not include any information related to referral or participation in any pre or post trial diversion program.

1. As an adult, have you ever been convicted of a felony or misdemeanor?  Yes  No

2. Are you currently on bail or on your own recognizance pending trial for a criminal offense?  Yes  No

If **YES**, to either of the above, please list each offense, when, where, and disposition of the case.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**J O B I N T E R E S T S**

PLEASE LIST THE POSITION(S) THAT INTEREST YOU. Start with your first choice.

<input type="checkbox"/> Santa Cruz	_____	_____	_____	<input type="checkbox"/> Any position
<input type="checkbox"/> Beach Boardwalk	_____	_____	_____	<input type="checkbox"/> Any position
<input type="checkbox"/> Coconut Grove	_____	_____	_____	<input type="checkbox"/> Any position
<input type="checkbox"/> Motels	_____	_____	_____	<input type="checkbox"/> Any position
<input type="checkbox"/> Boardwalk Bowl	_____	_____	_____	<input type="checkbox"/> Any position

Conviction of a crime or pending trial is not necessarily a bar to employment with each case being considered separately based on job requirements.

**S K I L L S**

Please list your SPECIAL SKILLS, EXPERIENCES OR OTHER QUALIFICATIONS that make you a strong candidate for the positions you are interested in. (Include special training, classes, awards and certifications.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**S O U R C E S**

How were you referred to us?

Website \_\_\_\_\_  
Name

Newspaper \_\_\_\_\_  
Name Day

Radio/TV \_\_\_\_\_  
Station

Employee \_\_\_\_\_  
Name

School Employment Office \_\_\_\_\_  
School

Other \_\_\_\_\_

May we contact your current employer?  Yes  No

Have you ever been fired or asked to resign?  Yes  No

**READ CAREFULLY:** List the jobs you have held in order, starting with the most recent, and answer completely.  
**We will verify your work record.** (You may include child care, yard work, paper routes, volunteer work.)

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DATES		EMPLOYER	JOB TITLE AND DUTIES	WAGE	REASON FOR LEAVING
From	Company			Start	
	Address				
To	Supervisor	Phone # (     )		Final	
From	Company			Start	
	Address				
To	Supervisor	Phone # (     )		Final	
From	Company			Start	
	Address				
To	Supervisor	Phone # (     )		Final	
From	Company			Start	
	Address				
To	Supervisor	Phone # (     )		Final	

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Name and Location	Highest Grade Completed	Now Attending?	Course/Major
High School	9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4 5 6	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Technical	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever **WORKED** for the Santa Cruz Seaside Company or other businesses on the Boardwalk?  
 Yes  No

Position/Company \_\_\_\_\_ Dates \_\_\_\_\_ Supervisor \_\_\_\_\_

Have you ever **APPLIED** for work with us?  Yes \_\_\_\_\_  No  
Year

List the names of any **FRIENDS OR RELATIVES** now working on the Boardwalk, in the Coconut Grove, Boardwalk Bowl or at the Santa Cruz Seaside Company motels.

**IN CASE OF EMERGENCY NOTIFY:**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Please list **TWO PERSONS** who know you well (exclude relatives) that we may contact for references.

Name and Occupation	City & State	Phone (     )
Name and Occupation	City & State	Phone (     )

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I certify that all the statements given in this application are correct to the best of my knowledge, and I realize that any material falsification or misrepresentation on this or any other personnel record may result in discharge in accordance with Santa Cruz Seaside Company policy. I authorize the employers, schools and other organizations and persons named in my application to provide any information relevant to an employment decision, and I release them from any/all liability whatsoever. I am willing to take a physical and other examinations if required, and I understand that my employment may be terminated if I fail to pass the examination. In the event of employment and consideration thereof, the company and any person or concern it may authorize shall be entitled, without further consent, to copyright, sell, or use in any manner, any photograph of me or recording of my voice, without limitation or reservation or additional compensation. I also, in the event of employment, agree to abide by all present and future rules and regulations, and I understand that the Company may change the policies and procedures of employment from time to time as it deems necessary without my prior knowledge, approval or consent. I understand that my employment is conditional upon my ability to provide proof of age, identity, and my legal right to work in the United States, pursuant to the Immigration Reform Act of 1986. I understand that if hired, my employment is at will and may be terminated by my employer or me at any time.

\_\_\_\_\_  
 Your Signature

\_\_\_\_\_  
 Date