



HOTEL BELLWETHER LIGHTHOUSE BAR & GRILL

O N B E L L I N G H A M B A Y

APPLICATION FOR EMPLOYMENT

Please read all instructions carefully and complete all sections of the application completely and accurately. It is your responsibility to provide sufficient information on this application to indicate that you meet the minimum qualifications for the job for which you wish to be considered. Bellwether Harbor Investments, LLP. is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.

Position applied for: _____	Date of application: _____
(Please use specific position title. Your application may be ineligible for review if information is omitted or inaccurate.)	
You must complete a separate application form for each position applied for.)	

Date you can start: _____ **Application Type:** (check one) New Applied previously

Name: _____ **Social Security #:** _____
Last First Middle

Present address: _____
Street City State Zip

Permanent Address (if different): _____
Street City State Zip

Telephone: _____
Area Code (Cell Number) Area Code (Home Number) Area Code (Alternative Number)

Are you lawfully eligible to work in the U.S.? Yes No (check one) **Under 18?:** Yes No (check one)
Proof of citizenship or immigration status will be required upon employment.

Working conditions desired: Check as many as are applicable. Unchecked conditions are assumed to be "No".

NOTE: Most public service positions require evening and/or weekend/holiday hours.

	Yes	No		Yes	No
Full Time	<input type="checkbox"/>	<input type="checkbox"/>	Days	<input type="checkbox"/>	<input type="checkbox"/>
Part Time	<input type="checkbox"/>	<input type="checkbox"/>	Evenings	<input type="checkbox"/>	<input type="checkbox"/>
Temporary	<input type="checkbox"/>	<input type="checkbox"/>	Weekends	<input type="checkbox"/>	<input type="checkbox"/>
Seasonal	<input type="checkbox"/>	<input type="checkbox"/>			

If Seasonal please state: Starting date _____ Ending Date _____

Salary Desired: _____

Have you ever been employed under a different name? Yes No (check one)

If so, what name? _____

Have you ever applied to Bellwether Harbor Investments LLP. before? Yes No (check one)

If so, when? _____ Under what name? _____

Have you ever been convicted of a felony within the last 7 years? Yes No (check one)

Conviction will not necessarily disqualify an applicant from employment.

If so, please explain _____

Are you able, with or without reasonable accommodation, to perform and fulfill all of the essential duties and requirements of the job for which you are applying? Yes No (check one)

Do you have any relatives employed by Bellwether Harbor Investments LLP. Yes No (check one)

If "Yes," give name and department:

Name and Relationship: _____ Department: _____

Education

	Name & Location Of School	No. of Years Attended	Degree, Certificate or Diploma	Subject/Major
High School				
College or University				
College or University				
Business or Vocational				
Specialized Training				

Professional References Please list three individuals not related to you, whom you have known for at least one year.

Name	Address & Telephone	Relationship	Years Acquainted

Employment History

Beginning with your current or most recent job, list *all* previous employers and provide description of duties. If applicable, include military and unpaid volunteer experience, and provide explanation for dates of unemployment. Attach additional sheets if necessary. **You may also attach a resume, but this section must be completed in its entirety. Referring to attached resume is not sufficient.**

Mo./Yr. To Mo./Yr. / - /	Employer's Name	Job Title	Hours per Week
Street Address		City/State	Salary (per hour, week, month, or year) \$ per
Supervisor		Supervisor's Title	Phone
Reason for Leaving:			
Ok to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			
Duties/Responsibilities:			

Mo./Yr. To Mo./Yr. / - /	Employer's Name	Job Title	Hours per Week
Street Address		City/State	Salary (per hour, week, month, or year) \$ per
Supervisor		Supervisor's Title	Phone
Reason for Leaving:			
Ok to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			
Duties/Responsibilities:			

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Ok to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			
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Ok to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			
Duties/Responsibilities:			

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Street Address		City/State	Salary (per hour, week, month, or year) \$ per
Supervisor		Supervisor's Title	Phone
Reason for Leaving:			
Ok to contact? <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)			
Duties/Responsibilities:			

Please provide any additional information such as special skills, training, management experience or qualifications you feel will be helpful to us in considering your application. _____

Please read the following statement carefully before signing to indicate your understanding:

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, as well as misrepresentations or omissions, on this application may result in termination.

This application for employment shall be considered active for a period of time not to exceed 45 days, Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Bellwether Harbor Investments LLP. is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employees at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Bellwether Harbor Investments LLP.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted*, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

Date

Signature

Printed Name

*Employers specifically excepted: _____
