



EMPLOYMENT APPLICATION

Please answer all questions completely in your handwriting in Ink. Resumes are not accepted in lieu of completion of this application.

NOTE: This application is designed for the use of several types of jobs positions. Some questions may not be completely applicable to the position you are seeking, however, we ask that you answer all questions.

I. PERSONAL INFORMATION

Last Name	First	Middle	Today's Date
Street Address			Home Phone
City	State	Zip	Cell Phone
Has your employment ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" explain			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously worked for Fisher Island? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate prior position and dates of employments.		Are you related to an employee, member or resident of Fisher Island?	
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please write different name:			
Are you able to perform the essential functions of the position as listed and described on the attached job description or as demonstrated by the company representative with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a crime or been a defendant in a civil action for an international tort? <input type="checkbox"/> Yes <input type="checkbox"/> No (Convictions will not necessarily disqualify you for the position) if "Yes" list offense date and disposition of the case.			

II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Salary Desired	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Select types of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> On Call		Days and hours available to work	
How were you referred to our company?			
<input type="checkbox"/> Ad (Where) _____		<input type="checkbox"/> Employee Referral (Name) _____	
<input type="checkbox"/> Agency Name _____		<input type="checkbox"/> Other (Please Specify) _____	
<input type="checkbox"/> Internet Website _____			

NOTICE TO APPLICANTS

Fisher Island Club, Inc. complies with the American with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related-functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.



III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade complete	Did you graduate?	Degree or Diploma
High School			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. SKILLS - If Applicable for Position for Which You Are Applying

Foreign language (indicate proficiency to speak, read and write)
PC Skills (indicate software used)
Other Skills
Do you have any experience, training, qualifications or special skills, which you think, make you especially suited for work at this Company? (Explain)

V. EMPLOYMENT INFORMATION (start with current or most recent employer). Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

1	Company Name	Phone ()			From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Company Name	Phone ()			From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Company Name	Phone ()			From Mo./Yr.	To Mo./Yr.
	Street Address	City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title	Duties			Reason for leaving	
	Supervisor Name				May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	



VI. ACKNOWLEDGMENT

↓ *Please read carefully and initial each paragraph, and sign below.*

	The contents of any employee handbook or personnel manual, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its President, in writing) has authority to enter into any agreement with me or to make any agreement contrary to the foregoing.	
	I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide the Company with relevant information and opinion, personal or otherwise that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result for furnishing information and opinion to you.	
	In consideration of employment, I agree to obey the rules and standards of the Company. I understand that nothing contained in this application or in the interview, process is intended to create a contract between the Company and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, transfer, compensation, benefits, duties, and location of work, at any time, for any reason, at the option of myself or the Company. This constitutes my entire agreement with the Company with regard to the length or my employment.	
	I understand that as a condition of employment I may be required to take a post-offer/pre-employment alcohol/drug test. I further understand that at any time during my employment, I may be required to take an alcohol/drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others.	
	I am able to perform the essential functions of the position with or without reasonable accommodation.	
	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity an legal right to work in the United States.	
	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentation or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date.	
	This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.	
Applicant Signature:		Date:

Fisher Island Club, Inc. is and equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, veteran status, citizenship status, or marital status. We assure you that your opportunity for employment with this employer depends solely upon qualifications.

TO BE COMPLETED BY HUMAN RESOURCES ONLY

Was applicant interviewed? Yes No Date of interview? _____

Was applicant passed on to Hiring Manager? Yes No Date of interview? _____



EMPLOYEE DRUG TESTING CONSENT AND RELEASE

Pursuant to my continued employment, I understand that **Fisher Island Club, Inc. (The Organization)** requires all employees to submit to and pass a drug test under certain conditions as part of its Drug-Free Workplace Program. I hereby consent to submit to a urinalysis or other test as required by the Organization for the purposes of testing for the presence of illegal drugs or alcohol abuse. I agree that a clinic or laboratory approved by the Agency for Health Care Administration may collect and test any specimens I provide for these tests. I further agree to authorize the release of the results of these tests to the Medical Review Officer employed or retained by the Organization, to the Human Resources Department. My understanding is that any information derived from these tests will be confidential between the laboratory, the Organization, and the Medical Review Officer, except as otherwise provided by law. If I place the test or its results in issue of any administrative, legal or other proceeding, I acknowledge that I waive my right to confidentiality.

I further agree to release and hold the Organization, its agents, employees and assigns, including the laboratory collecting and conducting these tests, harmless from any liability arising in whole or in part out of the collection or testing of the specimens I provide, or from the use of the information derived from these tests in consideration of my employment application.

I have carefully read this Consent and Release form and understand it completely. I understand that failure to comply with any of the requirements of the Organization's Drug and Alcohol Abuse Policy, and including my refusal to read and sign this Consent and Release, will be grounds for dismissal. I am signing this form voluntarily and had not be coerced or placed under duress by any person.

EMPLOYEE AGREEMENT AND ACKNOWLEDGMENT

I HEREBY acknowledge that I have received and read a copy of Fisher Island Club, Inc. The Company's Drug and Alcohol Abuse Policy. I recognize the Organization may modify or supplement this policy at any time and that I will continue to be subject to the conditions of any modified or supplemented Policy. I understand that I may be required to submit to drug testing if required by this Policy and to execute a Release and Consent to this drug testing. I further understand that this Acknowledgment and Agreement will become a permanent part of my employee personnel file and that any failure will the requirements of the Organization's Drug and

Applicant's Name

Witness's Name

Applicant's Signature

Witness's Signature

Date

Date