

**Skyline Lodge
& Restaurant
Inc.**

905 Biscayne Blvd
Deland, FL 32724
Office 386-740-7355

EMPLOYMENT APPLICATION

**Please Read Instructions and
Complete Fully**

POSITION APPLIED FOR			
Title:			
Date Available:			
Desired Salary:			

HOW DO WE CONTACT YOU			
Your Name			
Social Security Number			
Your Mailing Address			
City	County	State	Zip Code
Home Phone		Business Phone	

- Please print clearly and complete all sections.
- If not applicable to you, write N/A.
- Be sure to hand application to property manager for your privacy

EDUCATION

HIGH SCHOOL:

NAME/ADDRESS OF SCHOOL	RECEIVED: <input type="checkbox"/> Diploma <input type="checkbox"/> Other (specify) <input type="checkbox"/> None
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YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL: (TRANSCRIPTS MAY BE REQUIRED)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		MAJOR/MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

JOB-RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH/YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED?	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL:

LICENSURE, REGISTRATION, CERTIFICATION EXAMPLES: Driver License, Teacher Certification, RN, LPN, PE, CPA, Etc.

LICENSE, REGISTRATION OR CERTIFICATION:	Number	Date Received	Expiration Date	State Licensing Agency

PERIODS OF EMPLOYMENT

Describe your work experience in detail, beginning with your current or most recent job. Use a separate block to describe each position. Include military service (indicate rank) and job-related volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps in employment. If needed, attach additional sheets, using the same format as on the application. **Resumes are acceptable for the description of duties and responsibilities only.** All other information in this section **must** be completed.

1 Name of Present or Last Employer: _____

Address: _____ Phone No. () _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ___/___/___ TO: ___/___/___ HOURS PER WEEK: _____
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

2 Name of Next Previous Employer: _____

Address: _____ Phone No. () _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ___/___/___ TO: ___/___/___ HOURS PER WEEK: _____
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

3 Name of Next Previous Employer: _____

Address: _____ Phone No. () _____

Your Job Title: _____ Supervisor's Name: _____

FROM: ___/___/___ TO: ___/___/___ HOURS PER WEEK: _____
MTH DAY YEAR MTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

4 Name of Present or Last Employer: _____

Address: _____ Phone No. () _____

Your Job Title: _____ Supervisor's Name: _____

FROM: / / MTH DAY YEAR TO: / / MTH DAY YEAR HOURS PER WEEK: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

5 Name of Next Previous Employer: _____

Address: _____ Phone No. () _____

Your Job Title: _____ Supervisor's Name: _____

FROM: / / MTH DAY YEAR TO: / / MTH DAY YEAR HOURS PER WEEK: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

6 Name of Next Previous Employer: _____

Address: _____ Phone No. () _____

Your Job Title: _____ Supervisor's Name: _____

FROM: / / MTH DAY YEAR TO: / / MTH DAY YEAR HOURS PER WEEK: _____
YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

KNOWLEDGE / SKILLS / ABILITIES

List what you possess and believe relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE** OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER §119.07(3)(k)1,F.S.? Yes No

**Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, and certain investigators in the Department of Children and Families [SEE §119.07(3)(k)1,F.S.].

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR? Yes No

If "yes," what charges? _____
Where convicted? _____ Date of Conviction _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? Yes No

If "yes," what charges? _____
Where? _____ Date _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? Yes No

If "yes," what charges? _____
Where? _____ Date _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

CITIZENSHIP

ARE YOU A U.S. CITIZEN OR ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? Yes No

NOTE: The State of Florida hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide proof of citizenship or authorization to work in the U.S.

RELATIVES

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THIS AGENCY? Yes No

SELECTIVE SERVICE SYSTEM REGISTRATION

IF YOU ARE A MALE BETWEEN THE AGES OF 18 AND 26, DO YOU HAVE PROOF OF REGISTRATION WITH THE SELECTIVE SERVICE SYSTEM OR EXEMPTION FROM SUCH REGISTRATION? Yes No

CERTIFICATION:

I am aware that any **omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand hereby give permission to allow employer to perform credit and background checks as deemed necessary for my employment.. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: _____ DATE: _____