## JOB APPLICATION

## Yucatan Waterfront 4875 Pine Island Rd, Matlacha, FL 33993 239-283-0113

Yucatan Beach Stand is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Please fill out all the sections below: **Applicant Information** Applicant Name: Address: City, State and Zip Code: Telephone Number: Email Address: Date of Application: **Employment Position** Position(s) applying for: \_ How did you hear about this position? On what date can you start working if you are hired? **Personal Information** Are you 18 years of age or older? Yes No Are you a U.S. citizen or approved to work in the United States? Yes Nο What document can you provide as proof of citizenship or legal status? Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes Nο If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.) Job Skills/Qualifications Please list below the skills and qualifications you possess for the position for which you are applying: (Note: Yucatan Beach Stand complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.) **Education and Training** High School Location (City, State) Year Graduated Name Degree Earned

College/University			
College/University	Location (City, State)	Year Graduated	Degrae Fornad
Name	Location (City, State)	real Graduated	Degree Earned
ocational School/Specialized Traini			
Name	Location (City, State)	Year Graduated	Degree Earned
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Military:			
Are you a member of the Armed Servi			
What branch of the military did you en			
What was your military rank when disc			
How many years did you serve in the r	military?		
Previous Employment			
Employer Name: Job Title:			
Supervisor Name: Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:	<del></del>		
Reason for leaving:	-		
-			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:			
Employer Telephone:			
Dates Employed:			
Reason for leaving:			
Employer Name:			
Job Title:			
Supervisor Name:			
Employer Address:			
City, State and Zip Code:	<u></u>		
Employer Telephone:			
Dates Employed:			
Reason for leaving:			
References			
Please provide 2 personal and profession	onal reference(s) below:		
Reference	Co	ontact Information	
*PHOTO MUST BE SUBMITTED WITI		IDERED FOR A POSITION.	
Please attach a photo so we know you	i are a human.		