INFORMATION TO BE COMPLETED AT TIME OF HIRE

		(To Be Comp	leted by Employee)		
NAME	Last	First	Middle		Telephone
PRESENT ADDRESS	Street		City	State	Zip
		Emora	ency Contact		
lame		Relationship	Address		Phone
					Home
					Work
Please Note: If	the name on your So with the S	cial Security card does not match Social Security Administration. Ot	n your name as stated above, pl therwise, you will not receive pro	ease be sure to make t oper FICA credit.	he necessary change
			Employee's Signature		Date
			Employee's oignature		Date
					· · · · · · · · · · · · · · · · · · ·
		(To Be Comple	eted by Office Head)		
heck all boxes that apply:				1	
🗆 New Hire		🗆 Full Time	Exempt		
			□ Officer		
RehireErr	nployee ID #				
		Temporary			
				,)	
ffice			Hourly Rate		
			Actual Annual Salary		
ate mployed	Schedule				
osition Title			Overtime work will be pai	id according to law.	
			Work Phone		
			Department Head Approval		Dat
			Human Resources Approv	al	Dat
			Executive Approval		Dat

ROSEMARY BEACH®

HOLDINGS, LLC

NAME	Last	First	Middle	Emai	il	
				Phor	ne #	
CURRENT ADDRESS	Street		City		State	Zip
PERMANENT ADDRESS	Street		City		State	Zip
Please list position(s) or type of	f work applied for:					
Indicate Desired Work Schedule	e:		Major Area of Experience	e/Education		
🗆 Full Time 🛛 Pa	art Time 🛛 🗆 Tempo	orary				
Salary/Wage Desired	Shift Desired	ing 🗆 Afternoo	n 🗆 Night		Can you provide proof	that you are a(n):
Availability		Software Experie	nce:		 citizen or nati 	onal of the U.S.
Sunday	Thursday		Power Point		 lawful permai 	nent resident of the U.S
□ Monday	□ Friday				or	
Tuesday	□ Saturday	_			 alien authoriz 	ed to work in the U.S.
□ Wednesday	,	□ Other				
How did you learn of Rosemary	Beach Holdings, LLC?	?				
Employment Agency	Colle	ge Placement	Employee (Employee)	Name)		
Job Service	🗆 Custo	omer	C Newspaper	C Other		
Yes No	If yes	EMPL	DYMENT HISTORY	RELATIONS	HIP	
IMI	PORTANT: Please I	ist ALL employment w	DYMENT HISTORY hether or not it seems ployment, give dates o	relevant to the po	sition applied for.	
IMI	PORTANT: Please I	ist ALL employment w etween periods of em	hether or not it seems	relevant to the po	sition applied for.	
IMI	PORTANT: Please I	ist ALL employment w etween periods of em	hether or not it seems ployment, give dates o	relevant to the po	sition applied for.	, if known
IM	PORTANT: Please I	ist ALL employment w etween periods of em	hether or not it seems ployment, give dates o	relevant to the po	sition applied for. nemployment.	
IM Name of Employer	PORTANT: Please I	ist ALL employment w etween periods of em MOST F	hether or not it seems ployment, give dates o	relevant to the po f and reason for u	sition applied for. Inemployment.	
IM Name of Employer	PORTANT: Please I	ist ALL employment w etween periods of em MOST F	hether or not it seems ployment, give dates o	relevant to the po f and reason for u	sition applied for. inemployment. Telephone Number Nature of Business	
IMI Name of Employer Address–Street Employment Dates (mo. & yr.) From: To:	PORTANT: Please I	ist ALL employment w etween periods of em MOST F	hether or not it seems ployment, give dates o RECENT EMPLOYER State	relevant to the po f and reason for u Zip	sition applied for. Inemployment. Telephone Number Nature of Business Numb	er of People Supervise
IMI Name of Employer Address–Street Employment Dates (mo. & yr.)	PORTANT: Please I	ist ALL employment w etween periods of em MOST F	hether or not it seems ployment, give dates o RECENT EMPLOYER State	relevant to the po f and reason for u	sition applied for. Inemployment. Telephone Number Nature of Business Numt	er of People Supervise
IMI Name of Employer Address–Street Employment Dates (mo. & yr.) From: To:	NAME PORTANT: Please I If lapses occurred b	ist ALL employment w etween periods of em MOST F	hether or not it seems ployment, give dates o RECENT EMPLOYER State	relevant to the po f and reason for u Zip	sition applied for. Inemployment. Telephone Number Nature of Business Numb	er of People Supervise
IMI Name of Employer Address–Street Employment Dates (mo. & yr.) From: To: Name and Title of Immediate Su	PORTANT: Please I If lapses occurred b upervisor Leaving	ist ALL employment w etween periods of em MOST F	hether or not it seems ployment, give dates o RECENT EMPLOYER State	relevant to the po f and reason for u Zip	sition applied for. Inemployment. Telephone Number Nature of Business Numb	er of People Supervise
IMI Name of Employer Address–Street Employment Dates (mo. & yr.) From: To: Name and Title of Immediate Su Reason for Desiring Change or	PORTANT: Please I If lapses occurred b upervisor Leaving	ist ALL employment w etween periods of em MOST F City	hether or not it seems ployment, give dates o RECENT EMPLOYER State	relevant to the po f and reason for u Zip	sition applied for. Inemployment. Telephone Number Nature of Business Numb	per of People Supervise

Employment Application

Manage of Freedom 1		OUS EMPLOY	E11			
Name of Employer				Telephone Number, if known		
Address-Street	City	State	Zip	Nature o	f Business	
	City	olulo	Σip	Tractice of		
Employment Dates (mo. & yr.)	Title of Position				Number of People Supervise	
From: To:						
Name and Title of Immediate Supervisor			Starting Salary		Final Salary	
Reason for Desiring Change or Leaving						
Description of Duties:		A				
					۰. 	
	NEXT PREVIO	OUS EMPLOY	ER		- Musehan if Image	
Name of Employer				Telephor	e Number, if known	
Address-Street	City	State	Zip	Nature o	Business	
Employment Dates (mo. & yr.)	Title of Position				Number of People Supervise	
From: To:						
Name and Title of Immediate Supervisor			Starting Salary		Final Salary	
Reason for Desiring Change or Leaving						
Description of Duties:						
Description of Duties:						
Description of Duties:						
Description of Duties:					5	
Description of Duties:				5	. S	
	NEXT PREVIO	DUS EMPLOY	ER			
	NEXT PREVIO	DUS EMPLOY	ER	Telephor	e Number, if known	
	NEXT PREVIO	DUS EMPLOY	ER	Telephor	e Number, if known	
Name of Employer	NEXT PREVIO	DUS EMPLOY State	ER		e Number, if known f Business	
Name of Employer						
Name of Employer Address-Street	City				Business	
Name of Employer Address-Street						
Name of Employer Address-Street Employment Dates (mo. & yr.)	City				Business	
Description of Duties: Name of Employer Address-Street Employment Dates (mo. & yr.) From: To: Name and Title of Immediate Supervisor	City				Business	
Name of Employer Address-Street Employment Dates (mo. & yr.) From: To:	City		Zip		Business Number of People Supervise	
Name of Employer Address–Street Employment Dates (mo. & yr.) From: To: Name and Title of Immediate Supervisor	City		Zip		Business Number of People Supervise	
Name of Employer Address-Street Employment Dates (mo. & yr.) From: To:	City		Zip		Business Number of People Supervise	

Please list any community or professional activities you are involved in. (Do not give names of organizations that indicate race, religion, age, sex, ethnic origin or handicap.) Were you ever discharged or asked to resign? □ Yes □ No If yes, state reason fully. EDUCATION Name Addr of School (City/S High School College/Univ. College/Univ.

List other educational expertise or extracurricular activities you were involved in during your education.

If you have been known by other names, please list them here. _

Technical School

				PERSON
Give names and addresses	of two	o pers	ons who are	well acquain
Name				Com
Have you worked at RBH before?		Y es	🗆 No	
Have you applied for work at RBH before?	ū١	fes	🖸 No	

Conviction of a	crime is not an	automatic bar to	employment	All circumstances v

Have you ever been convicted of a felony offense? 🗆 Yes 👘 No If yes, indicate the nature of the offense, date, court and disposition.

Do you have reliable transportation to and from work?

Do you object to working beyond the hours of the usual business day?

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

In processing this employment application RBH may request that an investigative consumer report be prepared and fingerprints taken. The applicant has the right to request that RBH completely and accurately disclose the nature and scope of the investigation requested. Such a request must be made in writing to RBH within a reasonable time after the application is completed. RBH may also check with previous employers and personal references to determine qualifications for the job which you are applying. My signature below also affirms my understanding and agreement that, regardless of the date of my employment, my employment can be terminated at will with or without cause and with or without notice, at any time, at the option of the company or myself. I understand that no manager or representative of the company, other than the president has the authority to enter into an agreement for employment, for any specific period of time or to make any agreement contrary to the foregoing, and that such agreement to be enforceable, must be in writing and signed by the president. I also understand that the company may change the terms and conditions of employment at any time with or without notice.

Please list any additional employment information or business activities in which you are now engaged which you believe would be helpful to us.

ress State)	# of Yrs. Attended	Did You Graduate?	Degree Earned	GPA	Major
		94. 			
•				~	

NAL F	REFERENCES				
nted wi	ith your ability and character, but	are not relativ	es or form	ner employers.	
plete A	Address	Telepho	one	Occupation	Yrs. Known
	Have you ever been bonded?		□ Yes	🗆 No	
	Has a loss ever been paid aga	ainst you?	🗆 Yes	🗆 No	

will be taken into consideration.

□ Yes	□ No		
Yes	🗆 No		