

INFORMATION TO BE COMPLETED AT TIME OF HIRE

(To Be Completed by Employee)

NAME	Last	First	Middle	Telephone
PRESENT ADDRESS	Street	City	State	Zip
Emergency Contact				
Name	Relationship	Address	Phone	
			Home	
			Work	
Please Note: If the name on your Social Security card does not match your name as stated above, please be sure to make the necessary change with the Social Security Administration. Otherwise, you will <b>not</b> receive proper FICA credit.				
Employee's Signature			Date	

(To Be Completed by Office Head)

Check all boxes that apply:

<input type="checkbox"/> New Hire	<input type="checkbox"/> Full Time	<input type="checkbox"/> Exempt
<input type="checkbox"/> Rehire	<input type="checkbox"/> Part Time	<input type="checkbox"/> Officer
Employee ID #	<input type="checkbox"/> Temporary	

Office

Date Employed

Schedule Hours

Position Title

Hourly Rate

Actual Annual Salary

Overtime work will be paid according to law.

Work Phone

Department Head Approval

Date

Human Resources Approval

Date

Executive Approval

Date

ROSEMARY  
BEACH®  
HOLDINGS, LLC

Employment Application

PLEASE PRINT IN INK

NAME	Last	First	Middle	Email
				Phone #
CURRENT ADDRESS	Street	City	State	Zip
PERMANENT ADDRESS	Street	City	State	Zip
Please list position(s) or type of work applied for:				
Indicate Desired Work Schedule:			Major Area of Experience/Education	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary				
Salary/Wage Desired	Shift Desired			Can you provide proof that you are a(n):  • citizen or national of the U.S. • lawful permanent resident of the U.S. or • alien authorized to work in the U.S.  <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Night			
Availability	Software Experience:			
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Word <input type="checkbox"/> Other			
How did you learn of Rosemary Beach Holdings, LLC?				
<input type="checkbox"/> Employment Agency <input type="checkbox"/> College Placement <input type="checkbox"/> Employee (Employee Name)				
<input type="checkbox"/> Job Service <input type="checkbox"/> Customer <input type="checkbox"/> Newspaper <input type="checkbox"/> Other				
Are you <b>related</b> to anyone presently employed by Rosemary Beach Holdings, LLC?				
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes    NAME    RELATIONSHIP				

EMPLOYMENT HISTORY

IMPORTANT: Please list ALL employment whether or not it seems relevant to the position applied for.  
If lapses occurred between periods of employment, give dates of and reason for unemployment.

MOST RECENT EMPLOYER

Name of Employer	Telephone Number, if known		
Address-Street	City	State	Zip
Nature of Business			
Employment Dates (mo. & yr.)	Title of Position	Number of People Supervised	
From:	To:		
Name and Title of Immediate Supervisor		Starting Salary	Final Salary
Reason for Desiring Change or Leaving			
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of Duties:			

