| Island Grill Seafood & Steak House | Todays Date |
|------------------------------------|-------------|
| 100 Atlantic Ave | |
| Ocean City, NJ 08226 | |
| 609-391-9616 | |

Island Grill 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.

Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections completely

Applicant Information

| 11 | | |
|--|------------------------|------------------------------|
| Applicant Name | | |
| Best Phone # | Is this a cell phone? | Is Texting ok? |
| Other | | |
| Email Address | | |
| Current Address: | Seasonal A | ddress: |
| Number and street | | |
| City | | |
| State & Zip | | |
| How were you referred to Company?: | | |
| Position(s) applying for: | | |
| Are you currently employed? | If so may we inquir | re of your present employer? |
| Please list current employer | | |
| Are you applying for: Temporary work – such as sum Regular part-time work? [] Y o Regular full-time work? [] Y o Do you plan on having another Do you plan on taking classes of | or[]N or[]N job? | ' or [] N |
| What days and hours are you available for | or work? | |
| If applying for summer work, when will | you be available? | |
| If hired, on what date can you start work | ting? | |
| Can you work on the weekends? [] Y or | r [] N | |
| Are you willing to work doubles? [] Y | or [] N | |
| Can you work evenings? [] Y or [] N | | |
| Are you available to work overtime? [] | Y or [] N | |
| Salary desired: \$ | | |

Personal Information:

Address

| Have you ever applied to / worked for Island Grill before? [] Y or [] N If yes, please explain (include date): | | | | | | | |
|---|---------------------------|----------------|------------------------|--|--|--|--|
| Do you have any friends, relatives, or acquaintances working for Island Grill? [] Y or [] N f +yes, state name & relationship: | | | | | | | |
| If hired, would you have transportation to/from work? [] Y or [] N | | | | | | | |
| Are you over the age of 18? (If under 18, hire is subject to v | verification of minimum | legal age.) [|] Y or [] N | | | | |
| If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [] Yor [] N | | | | | | | |
| If hired, are you willing to submit to and pass a controlled s | ubstance test? [] Y or [] | N | | | | | |
| Are you able to perform the essential functions of the job fo accommodation? [] Y or [] N $$ | or which you are applying | g, either with | n / without reasonable | | | | |
| If no, describe the functions that cannot be performed | | | | | | | |
| Do you play a sport? If so what season | What sport? | | start date? | | | | |
| What is your last available working day in the season? | | | | | | | |
| Are you going to college or high school in the fall? | If so what is | the starting o | date? | | | | |
| Where will you be attending school in the fall? | | | | | | | |
| Are you able to commit to a full time schedule through Sept | tember 3 rd | | | | | | |
| If you leave prior to Labor Day weekend are you able to con | me back and work that w | eekend? | | | | | |
| Do you take a family vacation over the summer? | | | | | | | |
| Please list any dates you are unable to work in the season. | | | | | | | |
| Please give a brief description of yourself. | | | | | | | |
| Please tell us why you think you are the best applicant fo | or the position you are a | applying for | ·. | | | | |
| Two Personal references not related to you | | | | | | | |
| Name Address | Phone Number | | | | | | |
| Relationship to you | | | | | | | |
| Name | Phone Number | | | | | | |

Reason for leaving

Education, Training and Experience

| High School or Vocationa | l School: | |
|--------------------------|-----------------------------------|---------------------|
| School name: | Years attended_ | |
| School address: | | |
| School city, state, zip: | | _ |
| Current grade: | Did you Graduate? | |
| Subjects | - | |
| | | |
| College Education: | | |
| School name: | Years attended_ | |
| School address: | | |
| School city, state, zip: | | _ |
| Current grade: | Did you Graduate? | |
| Subjects | | |
| Studied | | |
| Previous work experience | - Please list your last three emp | loyers: |
| Employer | | Dates of Employment |
| Full Address | | • |
| Phone Number | | |
| Supervisor Name | | |
| Job Duties | | |
| Reason for leaving | | |
| Employer | | Dates of Employment |
| Full Address | | |
| Phone Number | | |
| Supervisor Name | | |
| Job Duties | | |
| Reason for leaving | | |
| Employer | | Dates of Employment |
| Full Address | | r v |
| Phone Number | | |
| Supervisor Name | | |
| Ioh Duties | | |

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Island Grill Seafood & Steakhouse to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Island Grill Seafood & Steakhouse, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

| APPLICANT SIGNATURE | DATE | |
|---------------------|------|--|