

Application for Employment
With



Pan Isles, Inc.
Ship Island Excursions

Mail Application To:

Employment Supervisor
P.O. Box 1467
Gulfport, MS 39502

1-866-466-7386
(228) 864-1014
shipisland@cableone.net

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY FOR CONSIDERATION

Pan Isles, Inc. is an Equal Opportunity Employer. All candidates will be evaluated on the basis of their qualifications for the job in question. Federal and/or State law prohibits discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other protected status. Please advise us if any accommodations are required to assist you in the application process.

Pan Isles, Inc. is a Drug Free Work Place and does pre-employment drug screening.

Date of Application ____/____/____ Social Security Number ____-____-____

Last Name _____ First _____ MI _____

Temporary
Address _____
Street City State Zip

Permanent
Address _____
Street City State Zip

Home Phone _____ Cell Phone _____

Email: _____

POSITIONS FOR WHICH YOU ARE APPLYING

1. _____ 2. _____ 3. _____

Full-Time / Part-Time / Seasonal

(circle one)

SEASONAL EMPLOYEES ONLY:

Earliest date available _____ Latest date available _____

Please give careful consideration to your dates of availability allowing sufficient time to return to home or

school at the end of your season. These dates will become part of your employment agreement if hired.

EDUCATIONAL DATA:

Please list any High Schools, Colleges, Trade or Business Schools you have attended.	City	State	Years Completed	Did You Graduate?

Are you currently attending school? _____

EMPLOYMENT HISTORY:

Have you ever applied for a position with Pan Isles, Inc.? Yes / No If "yes," when?

Have you ever been employed by Pan Isles, Inc.? Yes / No If "yes," when?

In the following spaces give a complete record of your employment. Begin with present or most recent employer first. Attach a supplementary sheet if necessary. If enclosing a resume, please fill this form out in its entirety.

1.

Employer Name

Employer Address

Employer Phone Number _____ Immediate Supervisor _____

Position _____ Employed from _____ to _____

Duties _____

Reason for leaving _____

2.

Employer Name

Employer Address

Employer Phone Number _____ Immediate Supervisor _____

Position _____ Employed from _____ to _____

Duties _____

Reason for leaving _____

3.

Employer Name _____

Employer Address _____

Employer Phone Number _____ Immediate Supervisor _____

Position _____ Employed from _____ to _____

Duties _____

Reason for leaving _____

Additional Inquiries Concerning Employment History

May we contact your present employer? Yes / No Previous employers? Yes / No

Please identify any exceptions and reasons for not contacting.

In order to permit a check of your work and education records, should we be made aware of any changes of name or assumed names that you previously used? Yes / No

If yes, identify names and relevant dates.

Have you ever been dismissed or forced to resign from any employment? Yes / No

If yes, please explain:

If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U. S.? Yes / No

If employment is offered can you produce personal identification such as a U.S. passport, a driver's license or photographic identification card issued by the state? Yes / No

Are you under 18 years of age? Yes / No Under 21? Yes / No

Have you ever been convicted of a misdemeanor or felony? (in answering this question, exclude only nonmoving traffic violations) Yes / No (An affirmative response will not automatically disqualify you from being considered as a candidate for employment)

If yes, explain _____

Have you ever served in the United States Armed Forces Yes / No Date served

Other special job-related skills that would support your application _____

APPLICANT'S STATEMENT

I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information, regardless of content.

Any time after a conditional offer of employment or during employment, if hired, I authorize any

physician or health care provider to release information advising the Company: (1) Whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusion; and (2) Whether I can perform the job without posing a direct threat to the health or safety of myself or others.

I hereby agree to submit to an initial screening test for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to alcohol or drug screening tests at any time, without notice or cause, at the discretion of the Company. I further understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the Company and understand that my employment is terminable-at-will and can be terminated with or without cause or notice, at any time, at the option of either the Company or me. I understand and agree that this application, should I be hired, does not create any contractual rights in favor of me or the Company, including contractual rights to employment or in the terms and conditions of my employment.

I further understand that no manager or representative of the Company, other than a Vice-President or General Manager has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to any Company policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by a Vice-President or General Manager.

I understand that according to federal law all individuals who are hired must as a condition of employment produce certain documentation to verify their identity and U. S. citizen status or, if aliens, their legal authorization to work in the U. S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

Signature of Applicant

Date