

ROBERT BUGATTO ENT, INC.  
THE TIDES WHARF – THE INN AT THE TIDES  
APPLICATION FOR EMPLOYMENT – **FAX TO (707) 875-3285 – Attn: Personnel**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position Desired: \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying? YES ( ) NO ( )  
If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)

When would you be able to begin work? \_\_\_\_\_

Are you legally eligible to be employed in the United States? YES ( ) NO ( )  
(Proof of identity and eligibility will be required upon employment.)

Are you over the age of 18 years? YES ( ) NO ( )  
(If no, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or a misdemeanor in which resulted in imprisonment within the last seven years? YES ( ) NO ( ). If yes, please explain. (A conviction will not necessarily result in the denial of employment.)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked for this Company before? YES ( ) NO ( )  
If yes, when and in what position? \_\_\_\_\_

Do you have any relatives or friends who work for this Company? YES ( ) NO ( ). If yes, please provide names and their positions:

_____	_____
_____	_____
_____	_____

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**Business needs may require you to work weekends and holidays with various schedules.**

Are you available to work: DAYS ( ) NIGHTS ( ) WEEKENDS ( ) FULL TIME ( )

If you cannot work full time, please explain:

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Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES( ) NO( ). If yes, may we contact your employer YES( ) NO( ). If presently employed, are you considering leaving that job? YES( ) NO( )

**EDUCATION**

	Name & Location of School	Course of Study	Years Completed	Diploma or Degree Received
High School				
College				
Vocation/ Trade School				
Graduate School				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES ( ) NO ( ). If yes, please describe:

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**EMPLOYMENT - Start with your present or most recent position.**

<b>Name of Employer</b>	<b>Telephone (    )</b>
<b>Full Address (Street, City, State, Zip)</b>	<b>Supervisor's Name and Title</b>

<b>Dates Employed From Month / Day / Year</b>	<b>To Month / Day / Year</b>	<b>Rate of Pay Beginning</b>	<b>Rate of Pay Final</b>
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<b>Describe Work Performed:</b>

<b>Name of Employer</b>	<b>Telephone (    )</b>
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**PERSONAL REFERENCES – Give three individuals (not relatives or employers)**

<b>Name</b>	<b>Occupation</b>
<b>Address – Street, City, State, Zip</b>	<b>Telephone Number</b> (    )
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<b>Address – Street, City, State, Zip</b>	<b>Telephone Number</b> (    )
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<b>Address – Street, City, State, Zip</b>	<b>Telephone Number</b> (    )

**APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, GENDER, SEXUAL ORIENTATION, MARITAL STATUS, NATIONAL ORIGIN OR DISABILITIES AND EQUALLY TO DISABLE VETERANS AND VETERANS OF THE VIETNAM ERA.**

**IMPORTANT, PLEASE READ AND SIGN**

**I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the Company or its subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**

**DO NOT WRITE BELOW THIS LINE**

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**RESULTS**

**Employed: YES (    ) NO (    )**

**If yes, job title: \_\_\_\_\_ Department \_\_\_\_\_**

**Date beginning employment \_\_\_\_\_ Compensation \$ \_\_\_\_\_ per \_\_\_\_\_**

**Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_**