

Statement of Values

Dear Applicant:

Welcome to Ketch 22. Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe that good enough isn't.
- We believe in doing business in a professional and orderly manner.
- We believe in honesty and integrity.
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.
- We believe in providing legendary service the unique and powerful sort of personal care and attention that our quests tell stories about.

If this feels like an environment for you, please complete the application.

Ketch 22 - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

** PLEASE PRINT CLEARLY **

Position(s) applied for		Date /
How did you find out about this job?	☐ Web ☐ Employee ☐ Walk-in ☐ Relati	ive Other
Why are you seeking a new job at this	time?	
Applicant Information	on	
First Name	Middle	Last
Street Address	Email Address	
City/State/Zip	Ph	none ()
If hired, do you have a reliable means	of transportation to get to work?	Describe
Are you at least 18 years old?	_ If you are under 18 years of age, can you fu	rnish a work permit?
Are you legally eligible for employme	nt in the U.S.? (Proof of U.S. citize	enship or immigration status is required if hired.)
	Yes \(\square\) No \(If yes, state the nature of the offen not constitute an automatic bar to employment.)	se and disposition of the case. Include dates and places
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	
Are you a veteran?	If yes, give dates of service: From	То
List any special skills or training:		
Employment Inform	ation	
<u> </u>	temporary employment?	
What is your desired salary/hourly rate	?	
What hours and shift(s) would you pre	fer to work?	
	k	
Are you willing to work overtime?	Weekends? Holidays?	
Are you currently employed?	If hired, when would you be able to start	?
Have you ever worked for this organiz	ation before? If yes, name used:) ')
List any friends or relatives employed	by this company:	
Have you ever been discharged or aske	ed to resign from any position? If	yes, please describe:
tasks with or without reasonable accord	ed job description for the position for which you modation? Please describe which task ommodation you will need:	
Please describe:		

=a	ucation (circle highest level a	chieved)			
lementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11		2 G.E.D	College: 1 2 3 4 5 6 7 8		
Name of School: Name		Name of School:		Name of School:	
cati	on of School:	Location of School:		Location of School:	
f in high school, are you enrolled in a recognized co-op program?				Degree & Major:	
	identify program and school:			Minor:	
No	ork History (please begin wit	th most recent)			
	(p.oo 209	/ \			
1.	Company		Phone No. with Area Code ()		
	Address Dates of Employment: From		City/State/Zip		
	Job Title	10			
	Describe duties briefly:		Supervisor's Name & Title		
	Specific reason for leaving:				
2.	Company		Phone No. with Area Code ()		
2.	Address				
	Dates of Employment: From				
			Supervisor's Name & Title		
	Describe duties briefly:				
	Specific reason for leaving:	<u> </u>			
3.	Company		_ Phone No. with Ar	rea Code ()	
	Address		City/State/Zip		
	Dates of Employment: From	To	Salary: Beginning Ending		
	Job Title		_ Supervisor's Name & Title		
	Describe duties briefly:				
	Specific reason for leaving:				
4.	Company		Phone No. with Area Code ()		
	Address		City/State/Zip		
	Dates of Employment: From		Salary: Beginning Ending		
	Job Title		Supervisor's Name & Title		
	Describe duties briefly:				
	Specific reason for leaving:				
F	For references purposes: Have you v	vorked for any of these organ	nizations or attende	ed school under a different name?	
	f yes, give name and organization(s)				
N	May we contact the employers listed	above? If not, list the	employers you do i	not wish us to contact and why:	

Authorizations & At-Will Employment Agreement

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature	Date	
Name (please print)		

MASSACHUSETTS & MARYLAND EMPLOYMENT ONLY: An employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and/or subject to criminal penalties and civil liabilities.