

Lake of the Ozarks
 7mm of the Gravois Arm
 Hwy 5 to 5-14 to Red Hollow Road
 1.5 miles to Restaurant
 www.coconutsatthelake.com



15208 Red Hollow Road
 Gravois Mills, MO 65037
 phone 573-372-6500
 fax 573-372-6502

Application For Employment

In order for you to be considered for employment, this application must be filled out in its ENTIRETY.

General

PLEASE PRINT

Date: _____

Name: _____ Social Security No: _____ / _____ / _____
First Middle Last

Present Address: _____
 (If less than 2 years at current address) Street City State Zip

Previous Address: _____
Street City State Zip

Age _____ Birth Date _____ Day Phone: () _____
 If Under 21: _____ If Under 21: _____ Evening Phone: () _____
Month Day Year If none, give contact number.

Are you legally able to work in the United States? Yes No (Proof of identity and legal authority to work in the U.S. is a condition of employment.)

(SPECIFIC POSITION MUST BE LISTED FOR THIS APPLICATION TO BE CONSIDERED.) For what position are you applying?
 Server Host Bartender Busser / Server Ass't
 Line Cook Gift Shop Dishwasher / Utility Gas Docks Expected Starting Hourly Rate _____

Who referred you to Coconuts Caribbean Beach Bar & Grill? _____ Date available for employment _____

Have you ever been convicted of a felony which has not been annulled or sealed by a court? Yes No If yes, please explain below:
 (Convictions will not necessarily exclude you from employment, but date and type of conviction may be considered for job placement.)

Work Schedule Availability

What shifts/hours are you available to work? We have shifts from 8:00 AM to 1:00 AM. (Please list hours in each AM/PM box).

SHIFT	MON	TUES	WED	THUR	FRI	SAT	SUN
AM	to	to	to	to	to	to	to
PM	to	to	to	to	to	to	to

Are you willing to work a split shift? Yes No Are you willing to stay late in an emergency? Yes No
 Are you willing to work holidays / weekends? Yes No How many hours per week do you expect to work? _____

Education

Type of School	Name of School	Location of School	Courses Majored in	Last Year Completed	
High School				9 10 11 12	Diploma Yes <input type="checkbox"/> No <input type="checkbox"/>
College/ Other				1 2 3 4	Degree Yes <input type="checkbox"/> No <input type="checkbox"/>

Volunteer & Military Experience

Volunteer Experience: (Exclude activities relating to race, religion, color, ancestry, age, national origin, gender or disability.) _____

Skills Acquired: _____

U.S. Military Experience: (If applicable) _____

Skills Acquired: _____

Business Experience

(List most recent three employers)

Present Employer (or most recent)	Area Code/Phone	From Mo. Year	To Mo. Year	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State	Zip Code	Salary	Reason For Leaving	
Previous Employer	Area Code/Phone	From Mo. Year	To Mo. Year	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State	Zip Code	Salary	Reason For Leaving	
Previous Employer	Area Code/Phone	From Mo. Year	To Mo. Year	Name of Immediate Supervisor	Title
Street Address				Your Position	
City	State	Zip Code	Salary	Reason For Leaving	

I AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE. ANY MISREPRESENTATION, FALSE STATEMENT, OR OMISSION OF FACTS CALLED FOR SHALL BE GROUNDS FOR REFUSAL OF EMPLOYMENT OR IF HIRED, DISMISSAL FROM EMPLOYMENT. I UNDERSTAND THAT ANY VIOLATION OF COMPANY RULES, POLICIES, STANDARDS, AND/OR PROCEDURES SHALL BE GROUNDS FOR DISMISSAL. I AGREE TO CONFORM TO THE RULES, POLICIES, STANDARDS, AND REGULATIONS. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS THE AUTHORITY TO MAKE ANY MODIFICATIONS, EITHER VERBALLY OR IN WRITING TO THE CONTRARY.

DATE _____ SIGNATURE OF APPLICANT _____

I UNDERSTAND THAT MY APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS FROM THE DATE RECEIVED.