



Sunshine Tours, Inc

TOUR GUIDE APPLICATION FOR EMPLOYMENT

Applicants are considered without regard to race, creed, color, sex, religion, age or national origin.

Full Name _____ Social Security No. _____
Last First Middle Initial

Date of Birth _____ Address _____
Street City State Zip

Phone No. () _____ Name of Spouse _____

IN CASE OF EMERGENCY NOTIFY _____ Phone No. () _____

Current Address _____
Street City State Zip How Long?

Previous Address _____
Street City State Zip How Long?

e-mail address _____

PHYSICAL HISTORY

Date of Last Physical (___ / ___ / ___) Doctor's Name _____

Phone No. () _____ Address _____

List any Physical Limitations (Diabetes, Heart Disease, High Blood Pressure, Eye Sight, Limb Impairment, etc). _____

Do you have any Physical Limitations on lifting Baggage (50lbs) _____

Are you able to work trips that start late at night or early in the mornings? _____

EXPERIENCE AND QUALIFICATIONS

	State	License Number	Type	Expiration Date
Valid Drivers License				

Have you ever been denied a Permit, License or Privilege to operate a motor vehicle? _____

Has your License Permit or privilege been suspended or revoked? _____

If Yes explain _____

Have you been convicted of driving under the influence of alcohol or drugs? _____ Penalty _____

Have you ever been convicted of a crime? _____ Explain _____

This job requires working with all types of people. How would you describe your qualifications and abilities to perform this work in a professional manor.

Traffic Convictions and Forfeitures Last 3 Years (other than Parking)

State	Date	Charges	Penalty	Commercial Vehicle or Automobile

EMPLOYMENT HISTORY

Have you worked for this Sunshine Tours before? _____ Position _____

When _____ / _____ / _____ Reason for leaving? _____
From To

Are you Retired? _____ Retirement Date _____

EMPLOYMENT HISTORY FOR LAST 3 JOBS

Last Employer: Name _____ Phone () _____

Address _____

Street City State Zip

From: _____ / _____ / _____ To: _____ / _____ / _____ Position _____ Salary _____ May we Contact? _____
mo day yr mo day yr

Reason for leaving _____

2nd Last Employer: Name _____ Phone () _____

Address _____

Street City State Zip

From: _____ / _____ / _____ To: _____ / _____ / _____ Position _____ Salary _____ May we Contact? _____
mo day yr mo day yr

Reason _____

3rd Last Employer: Name _____ Phone () _____

Address _____

Street City State State Zip

From: _____ / _____ / _____ To: _____ / _____ / _____ Position _____ Salary _____ May we Contact? _____
mo day yr mo day yr

Reason _____

OFFICE USE ONLY

To be used in conjunction with inquiry to past employers

1st Employer Contacted _____	<small>Date</small>	_____	Results: _____
		<small>Contact Person's Name</small>	
2nd Employer Contacted _____	<small>Date</small>	_____	Results: _____
		<small>Contact Person's Name</small>	
3rd Employer Contacted _____	<small>Date</small>	_____	Results: _____
		<small>Contact Person's Name</small>	

EDUCATION

Please indicate last grade completed: Elementary _____ High School _____ College _____

Last School Attended _____

Name City State

Other Training _____

Are you now employed? _____ When will you be available? _____

Are you prevented from lawful employment in this country because of immigration status? _____

Have you served in the U. S. Armed Forces? _____ Branch From: _____ To: _____

Rank at Discharge _____ Date of Discharged or Released _____

Describe your personality that will help you in being a Tour Guide for Sunshine Tours.

***** MUST BE READ AND SIGNED BY APPLICANT *****

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification.

I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual.

I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

_____ Date

_____ Applicant's Signature

EMPLOYMENT ELIGIBILITY VERIFICATION

NOTICE: Authority for collecting the information on this form is in Title 8, United States Code, Section 1324A, which requires employers to verify employment eligibility of individuals on a form approved by the Attorney General. This form will be used to verify the individual's eligibility for employment in the United States. Failure to present this form for inspection to officers of the Immigration and Naturalization Service or Department of Labor within the time period specified by regulation, or improper completion or retention of this form, may be a violation of the above law and may result in a civil money penalty.

Section 1. Instructions to Employee/Preparer for completing this form

Instructions for the employee.

All employees, upon being hired, must complete Section 1 of this form. Any person hired after November 6, 1986 must complete his form. (For the purpose of completion of this form the term "hired" applies to those employed, recruited or referred for a fee.)

All employees must print or type their complete name, address, date of birth and Social Security Number. The block which correctly indicates the employee's immigration status must be checked. If the second block is checked, the employee's Alien Registration Number must be provided. If the third block is checked, the employee's Alien Registration Number or Admission Number must be provided, as well as the date of expiration of that status, if it expires.

All employees whose present names differ from birth names, because of marriage or other reasons, must print or type their birth names in the appropriate space of Section 1. Also, employees whose names change after employment verification should report these changes to their employer.

Instructions for the preparer of the form, if not the employee.

If a person assists the employee with completing this form, the preparer must certify the form by signing it and printing or typing his or her complete name and address.

Name of Preparer _____

Address _____

City

State

Zip

Phone () _____ Email _____

1) EMPLOYEE INFORMATION AND VERIFICATION: (To be completed and signed by employee.)

Name: (Print or Type)	Last	First	Middle	Birth Name
Address:	Street Name and Number	City	State	Zip Code
Date of Birth (Month/Day/Year)	Social Security Number			

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States. (Alien Number A _____ or Admission Number _____, expiration of employment authorization, if any _____.)

I attest, under penalty of perjury, the documents that I have present as evidence of identify and employment eligibility are genuine and relate to me. I am aware that federal law provides for imprisonment and / or fine for any false statements or use of false documents in connection with this certificate.

Signature	Date (Month/Day/Year)
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PREPARER TRANSLATOR CERTIFICATION: (To be completed if prepared by person other than the employee.) I attest, under penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.

Signature	Name (Print or Type)
Address (Street Name and Number)	City State Zip

2) EMPLOYER REVIEW AND VERIFICATION: (To be completed and signed by employer.)

Instructions:

Examine one document from LIST A and check the appropriate box. OR examine one document from LIST B and one from LIST C and check the appropriate boxes. Provide the Document Identification Number and Expiration Date for the document checked.

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photograph Document Identification # _____ Expiration Date (if any) _____	<input type="checkbox"/> 1. A State-issued driver's license or a State-issued I.D. card with a photo-graph or information, including name, sex, date of birth, height, weight, eye color. (Specify State) _____ <input type="checkbox"/> 2. U. S. Military Card <input type="checkbox"/> Other (Specify document and issued authority) _____ Document Identification # _____ Expiration Date (if any) _____	<input type="checkbox"/> 1. Original Social Security Card (other than a card stating if is not valid employment) <input type="checkbox"/> 2. A birth certificate issued by State, county or municipal authority bearing a seal or other certification. <input type="checkbox"/> 3. Unexpired INS Employment Authorization (specify form) _____ Document Identification # _____ Expiration Date (if any) _____

Certification: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and to relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

Signature	Name (Print or Type)	Title
Employer Name	Address	Date