



GILLIAN'S WONDERLAND PIER

P.O. Box 365
Ocean City, New Jersey 08226
609-399-7082

APPLICATION FOR EMPLOYMENT

Please complete both sides

- 1) Applications must be completed in full.
- 2) Applicants under 18 years of age require working papers.
- 3) **All applicants must be at least 16 years old.**

(PLEASE PRINT)

Name _____
Last First Middle Initial

Address _____
(Number street or Rural Route)

City State (Country) Zip

Phone Number _____ Mobile Number _____
Area Code & Phone Number Area Code & Phone Number

Date of Birth _____ Age _____

Social Security No. _____

E-mail address: _____

EDUCATION

Present School Name and Location _____

Year Completed _____ Are you attending or do you plan to attend College? Yes _____ No _____

If Yes, What College _____ Semester Begins _____

EMPLOYMENT HISTORY

Are you currently working? Yes _____ No _____ If yes, where _____

What is your current position? _____

How long have you been in your current position? _____

Salary or hourly rate _____

1) What position are you applying for? _____

2) When can you start to work? _____

3) I can work any day during the week? YES NO

If no, what day do you need off? _____

Employee's Withholding Allowance Certificate

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

1 Type or print your first name and middle initial Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note:	
City or town, state, and ZIP code		4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a new card <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above OR from the applicable worksheet on page 2)		5	
6 Additional amount, if any, you want withheld from each paycheck		6 \$	
7 I claim exemption from withholding for 2000, and I certify that I meet BOTH of the following conditions for exemption: Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability AND This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.			
If you meet both conditions, write "EXEMPT" here			
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status. Employee's signature (Form is not valid unless you sign it)			
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Gilamco Inc., PO Box 365, Ocean City, NJ 08226		9 Office code (optional) 22	10 Employer identification number 1761652

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event I am hired to employment at Gillian's Wonderland Pier, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by the rules and regulations of the employer.

Signature

Date

Gillian's Wonderland Pier Team Member Requirements

Below is a list of requirements that you must be willing to follow to become a Team Member here at Wonderland Pier. Please read these requirements carefully. If you agree to abide by these requirements, we invite you to fill out an application. Thank you for your interest in Gillian's Wonderland Pier.

- ✓ Must be 16 YEARS OLD to work at Wonderland Pier
- ✓ Be willing to work Saturday and Sunday
- ✓ No outlandish hair styles or colors. Hair must always be cleaned and groomed.
- ✓ CLEANLINESS (bathe daily, use deodorant, hair & teeth must be cleaned & brushed)
- ✓ Males must be clean shaven
- ✓ Earrings (no oversize earrings) No other visible body piercing.
- ✓ FOLLOW DRESS CODE: NAME TAG, clean/neat Wonderland shirt, clean, neat, unwrinkled shorts/pants
- ✓ Wear Wonderland uniform shirt TUCKED IN AT ALL TIMES
- ✓ Be on time everyday!
- ✓ Be friendly! SMILE! Be pleasant & willing to help!
- ✓ If terminated, quit, or walk out without two weeks notice, you will be banned from Wonderland and not permitted to enter into any Gilamo Inc. properties.

If you agree to the following, we invite you to fill out an application. Please sign and date below.

Name

Signature

Date

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____

(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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PERMISSION FORM

New Jersey State Law requires all employees under the age of eighteen to have written permission from their parents/legal guardians to allow them to work past the hour of 11:00 p.m.

I _____, give my 16/17 year old son/daughter
_____ permission to work at Gillian's Wonderland Pier
past the hour of 11:00 p.m.

Signature of Parent/Guardian

Date

Signature of Applicant

Date