



**SEA PINES RESORT, LLC**  
**APPLICATION FOR EMPLOYMENT**

P.O. Box 7000  
Hilton Head Island, SC 29938

**PERSONAL INFORMATION**

**TODAY'S DATE** \_\_\_\_\_

Last Name	First Name	Middle Name	Email Address
Present Address			Mobile Phone Number
Permanent Address			Major

**J O B   I N T E R E S T**

Why are you interested in working for The Sea Pines Resort?

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**G O A L S**

What is your goal in working for The Sea Pines Resort? What experiences are you hoping to gain?

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**E M P L O Y M E N T   H I S T O R Y**

Do you have any previous experience in Food and Beverage? If so, please list position and restaurant.

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**A D D I T I O N A L   I N F O R M A T I O N**

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IN CASE OF EMERGENCY (Contact Person)	RELATIONSHIP	ADDRESS	TELEPHONE NO.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## DRUG FREE WORKPLACE STATEMENT

It is the Company's policy to maintain a safe, healthy and productive work environment for all employees. Pursuant to this policy, the Company requires candidates for employment to pass a drug/alcohol screening test covering illegal substances subject to abuse.

The Company requires all newly-hired employees to submit to a urine test and to sign a consent and release statement. Refusal or positive test results will result in disqualification for employment. If hired, employees may also be asked to submit to drug testing in accordance with the Company's policy.

The information I have given in this application is true and correct to the best of my knowledge and is subject to validation by the Company. I understand that any false statements, misrepresentations or omissions on this application may justify refusal or termination of employment.

I understand and agree that, if hired, my employment is at-will meaning that my employment, pay and benefits may be terminated at any time by the Company or me without any prior notice and for any or no reason. I understand that no one other than the President of the Company has any authority to enter into any agreement for employment for any specified periods of time.

I also understand that employment is contingent upon my providing within three (3) days of employment valid proof of identity and eligibility to work in the U.S. in compliance with the Immigration Reform and Control Act of 1986.

I authorize the individuals, schools, and employers listed above to provide the Company and its authorized agent or representatives with any information that the Company requires to make an employment decision. I release the Company and any of its authorized agents or representatives from liability for requesting this information or for using this information when making employment decisions. I release any individual, school, or employer providing such information from liability for issuing/disclosing this information.

If hired, I hereby authorize the Company and any of its representatives or agents, to disclose any information pertaining to my employment with the Company. If hired, I hereby waive any and all rights and claims against the Company, and any of its representatives or agents, for divulging, disclosing or providing information during my employment or after my employment terminates, about my employment with the Company in response to any request for references or request for information by any entity.

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Full Name (PRINTED)

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Street Address

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City, State & Zip Code

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Signature

**Please send applications to:**

Glenna Gillentine

HRTM Internship Director

Email: [ggillentine@hrsm.sc.edu](mailto:ggillentine@hrsm.sc.edu)

Fax: 803-777-1224

Phone: 803-777-2685