



APPLICATION FOR EMPLOYMENT

To The Applicant: We appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a medical condition or handicap.

I. PERSONAL

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

If you are under 18, please state your age \_\_\_\_\_

Have you been previously employed here? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date \_\_\_\_\_

Have you filed an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date \_\_\_\_\_

Are you a competent swimmer? Yes \_\_\_\_\_ No \_\_\_\_\_

List any friends or relatives working here \_\_\_\_\_

Have you previously worked in a boat yard or had a marine related job? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Position (s) applied for \_\_\_\_\_

Kind of work sought: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Seasonal \_\_\_\_\_

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? \_\_\_\_\_

Pay rate desired? \_\_\_\_\_ Date available to start work \_\_\_\_\_

The law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer.

Handicapped employees and applicants may request an accommodation of their handicap by notifying the firm in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the firm will preclude any claim that the employer failed to accommodate the handicapped.

Are you able to fully perform all of the functions of the job(s) for which you wish to be considered? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

II. EDUCATION

	Name & location of school	Major subjects studied	Grades or levels attended	Graduated (yes or no)	Degree, diploma or certificate
Elementary	_____	_____	_____	_____	_____
High School	_____	_____	_____	_____	_____
Technical School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

III. EMPLOYMENT HISTORY

List your four most recent employers, beginning with your most recent or present position:

Employer \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Salary: Start \_\_\_\_\_ Final \_\_\_\_\_  
Job Title \_\_\_\_\_ Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Salary: Start \_\_\_\_\_ Final \_\_\_\_\_  
Job Title \_\_\_\_\_ Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Salary: Start \_\_\_\_\_ Final \_\_\_\_\_  
Job Title \_\_\_\_\_ Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_ Salary: Start \_\_\_\_\_ Final \_\_\_\_\_  
Joe Title \_\_\_\_\_ Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact the employers listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, indicate which one(s) you do not wish us to contact: \_\_\_\_\_

IV. REFERENCES (Do not include relatives or former employers)

	NAME	ADDRESS	PHONE	YRS. ACQUAINTED
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

V. MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Rank at discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_

Are you in the reserves? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date obligation ends \_\_\_\_\_

Special/technical training \_\_\_\_\_

VI. ADDITIONAL INFORMATION

Have you been convicted of a crime or are there any felony charges pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where, when and nature of offense \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_ Driver's License # \_\_\_\_\_

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status: \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application: \_\_\_\_\_

Name, address and telephone number of the person to be notified in the event of accident or emergency: \_\_\_\_\_

VI. AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the Company except those which have been acknowledged in writing, by the president or his designated representatives.

I agree that any action or suit against the firm arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the firm in which the firm prevails, I will pay to the firm any and all costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

This application will only be considered for the 90 calendar day period after its receipt by the Company. Should you wish to be considered after the expiration of this period, you must reapply.

Signature \_\_\_\_\_ Date \_\_\_\_\_

