



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 _____

How did you hear about Irish Boat Shop? _____

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 _____

Are you authorized to work in the United States? Yes _____ No _____

If you have access to the job description for the job you are applying, please answer the following question

Are you able to perform the essential functions of the job(s) for which you wish to be considered, with or without an accommodation?

Yes _____ No _____

II. EDUCATION

	Name & location of school	Major subjects studied	Graduated (yes or no)	Degree, diploma or certificate
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 (Voluntary)

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 felony 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 _____

If not, are you able to obtain a valid Michigan Driver License within the first three months of employment?

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 Company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the Company 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/her designated representatives.

I agree that any action or suit against the Company 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 Company in which the Company prevails, I will pay to the Company any and all costs incurred by the Company 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 requirements 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 _____