

EMPLOYMENT APPLICATION



S T U R G E O N B A Y ' S
HARBOR LADY

Y A C H T C R U I S E S & E V E N T S

EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Last Name	First Name	Middle Initial
Address	City	State
Phone Number	Email Address	
Position(s) Applied For		Date of Application
Have you ever been convicted of a felony, misdemeanor or other offense? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you learn about SkipperLiner? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Other _____		

Best time to contact you is: _____ : _____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes, give date ___/___/___

Have you ever been employed with us before? Yes No
 If yes, give date ___/___/___

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available for work ___/___/___ What is your desired salary range _____

Are you available to work: Full-Time Part-Time Temporary

EDUCATION

School	Name and Address of School	Course of Study	GPA	Years Completed	Diploma/Degree
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					
Accomplishments (High School)					
Accomplishments (College)					
Accomplishments (Other)					

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicates race, color, religion, gender, national origin, disabilities or other protected status.

Employer/City/State	Dates Employed		Work Performed
	From	To	
Phone Number(s)			
Final Position	Hourly Rate/Salary		Accomplishments
	Starting	Final	
Supervisor's Name/Job Title			
Reason for Leaving			May we contact them?

Employer/City/State	Dates Employed		Work Performed
	From	To	
Phone Number(s)			
Final Position	Hourly Rate/Salary		Accomplishments
	Starting	Final	
Supervisor's Name/Job Title			
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	From	To	
Phone Number(s)			
Final Position	Hourly Rate/Salary		Accomplishments
	Starting	Final	
Supervisor's Name/Job Title			
Reason for Leaving			May we contact them?

COMMENTS

Include explanation of any gaps (if any) in employment history.

COMMENTS

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability or other protected status:

Additional Information or Other Qualifications

Summarize special job-related skills and qualification acquired from employment or other experience.

Personal/Professional References

Please do not include family members or past supervisors

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, 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 all rules and regulations of the employer.

Signature of Applicant

Date

