



APPLICATION FOR EMPLOYMENT

We Are an Equal Opportunity Employer

Date of Application	Wage/Salary Desired	Position Desired
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Craigslist <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____		

Last Name		First Name		Middle Name	
Address Number	Street	City	State	Zip	
Home Telephone		Cell Phone		Other Phone	
Social Security Number		Drivers License Number		State	

If you are under 18, 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 _____

Are you currently employed? Yes No — May we contact your employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No *Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work? _____

Are you available to work: Full time Part Time Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years or do you have any felony charges pending against you? Yes No If yes, please explain: _____

Conviction or charges will not necessarily disqualify an applicant from employment.

EDUCATION HISTORY

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
Elementary School				
High School				
College				
Graduate Professional				
Other (Specify)				

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

Describe any job-related training received in the United States military: _____

EMPLOYMENT EXPERIENCE

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

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone			
	Hourly Rate/Salary		
Job Title	Starting	Final	
Reason for leaving			Supervisors Name
Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone			
	Hourly Rate/Salary		
Job Title	Starting	Final	
Reason for leaving			Supervisors Name
Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone			
	Hourly Rate/Salary		
Job Title	Starting	Final	
Reason for leaving			Supervisors Name
Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone			
	Hourly Rate/Salary		
Job Title	Starting	Final	
Reason for leaving			Supervisors Name

If you need additional space please continue on a separate sheet of paper.

Explain any gaps between jobs in your employment history: _____

List professional, trade, business or civic activities and offices held: _____

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

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or experience:

Boat related skills:

Describe any skills you possess that relate specifically to the marine industry: _____

Specialized Skills & Equipment Operated:

PC Calculator Typewriter Fax QuickBooks Microsoft Word

Excel Multi-line Phone System Forklift Scissor Lift Travelift

Band Saw Table Saw Drill Press Welder Other: _____

State additional information you feel may be helpful to us in considering your application:

PERSONAL REFERENCES

Name	Phone
Address	
Name	Phone
Address	
Name	Phone
Address	

PRE-EMPLOYMENT DRUG TESTING AUTHORIZATION

Schooner Creek Boat Works is committed to achieving a workplace free from the effects of illegal drug and alcohol use for the safety and well being of the public and staff, in compliance with the Drug-Free Workplace Act of 1988.

I understand that, if offered, as a condition of my initial employment with Schooner Creek Boat Works, I must successfully pass the pre-employment Drug screening.

Schooner Creek Boat Works will not confirm employment for any person who tests positive for illegal use of drugs or who refuses to be tested, which includes refusal to cooperate with testing, failure to report to test site within allotted time, and attempts to alter specimens or otherwise affect testing results.

Applicant's Signature

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 of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Date _____ Signature _____