

Employment Application

		Ар	olicant lı	ntorma	ition					
Full Name:							Date:			
	First	M.I.			Last					
Address:										
	Street Address						Apartm	ent/Unit #		
	City					State	ZIP Co	de		
Phone:				Email						
Date Availab				Desire			ary: <u>\$</u>			
Position Appl	lied for:									
• •		YES	NO					YES	NO	
Are you a citi			If no	o, are yo	u authorized to wo	rk in the U.S				
Have you ever worked for this company?		YES	NO	If yes,	when?_					
Have you ever been convicted of a felony?		YES	NO							
If yes, explain	n:									
				ation						
riigii ocilool.			Addiess.							
From:	To:	Did you g	graduate?	YES	NO	Diploma:				
College:			Address:							
From:	To:	Did you g	graduate?	YES	NO	Degree:				
Other:			Address:							
Other.			Address.							
From:	To:	Did you g	graduate?	YES	NO	Degree:				
			Refere	ences						
Please list to	vo professional references.									
Full Name:					Relationship:					
Company:						Phoi	ne:			
Address:										

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Company:			Phone:					
Address:								
	Previous E	Employmer	nt					
Company:				Phone:				
Address								
Job Title:	Starting Salary:\$				\$			
Responsibilities:								
	0:							
May we contact your previous super	visor for a reference?	YES	NO					
Company:				Phone:				
Address:				Supervisor:				
Job Title:	Starting S	Ending Salary:	\$					
Responsibilities:								
	0:							
May we contact your previous super	visor for a reference?	YES	NO					
	Military	Service						
Branch:			_ From:_		To:			
Rank at Discharge:	Type of Discharge:							
If other than honorable, explain:								
	Disclaimer a	and Signat	ure					
I certify that my answers are true a	and complete to the best o	f my knowle	dge.					
If this application leads to employr may result in my release.	nent, I understand that fals	se or mislead	ding informa	tion in my applicat	ion or interview			
Signature:		Date:						

PLEASE RETURN COMPLETED APPLICATION TO:

shaverlakemarinaHQ@gmail.com
If you have a resume, you can send that instead of filling out this application.