



Date: ___ / ___ / ___

APPLICATION FOR EMPLOYMENT (eff 11/17/09)

Name – Last, First, MI		Home Phone	Other Phone
Complete Address	City	State	Zip
Position Applied For	Expected Rate of Pay	Date You Can Start	
Name of employees related to you		Name of agency or person referring you	

GENERAL INFORMATION

Have you ever worked for Bay Ship & Yacht Co.? Yes No
 If yes, when _____
 Explain reason for leaving :

Are you available to work overtime when necessary on:

Weekday	Saturday	Sunday
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you at least 18 years of age? Yes No

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

Are you able to perform the essential functions of the position for which you are applying? Yes No

Have you ever been convicted of a felony? Conviction will not necessarily disqualify applicant from employment. Yes No
 If Yes, describe here:

Do you have a valid California Drivers License? Yes No
 If so, can you provide proof of a clean driving record? Yes No

EMPLOYMENT HISTORY

List below all present and past employment, starting with your most recent employer.

Name of Employer		Complete Address	City	State	Zip
Type of Business		Phone	Your Supervisor's Name		
Your Position		Your Duties			
Date of Hire	Last Work Date	Starting Rate Pay	Ending Rate Pay		
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer		Complete Address	City	State	Zip
Type of Business		Phone	Your Supervisor's Name		
Your Position		Your Duties			
Date of Hire	Last Work Date	Starting Rate Pay	Ending Rate Pay		
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Employer		Complete Address	City	State	Zip
Type of Business		Phone	Your Supervisor's Name		
Your Position		Your Duties			
Date of Hire	Last Work Date	Starting Rate Pay	Ending Rate Pay		
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION TRAINING AND EXPERIENCE

	Name	City & State	Dates Attended (mo/yr to mo/yr)	Did you Graduate?	Degree and/or Major
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational / Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational / Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did you have any other experiences, training, qualifications or skills which you feel make you especially suited for your desired position?

If So, please explain : _____

Tools Owned :

PROFESSIONAL REFERENCES

Name	Complete Address	City	State	Zip
Occupation	Phone	Years Acquainted		
Name	Complete Address	City	State	Zip
Occupation	Phone	Years Acquainted		
Name	Complete Address	City	State	Zip
Occupation	Phone	Years Acquainted		

IN CASE OF EMERGENCY

Please Notify	Home Phone	Work Phone
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Complete Address

I certify that all of the answers given and the information provided by me in this application are true and complete, and understand that any misrepresentation or omission may result in denial of employment or in discharge from employment at any time. **Unless otherwise noted, I authorize the Company to make an investigation of my personal employment history, including contacting former employers for reference verification. I understand that if employed, I will be required to provide proof that I am over 18 years of age, have a legal right to work in the United States, and, if required, be bonded.**

If I am accepted for employment, I understand and agree that such employment is entirely at will, for no specified term, and may be terminated at any time, with or without cause, by me or by the Company. I further understand and agree that the agreement contained in the preceding sentence cannot be modified in any respect expect in a written document executed by the Company's General Manager. I understand that, if I am employed by the Company, the Company retains the unrestricted right to search and inspect any of its property. I will return all of the Company's property immediately upon any termination of my employment.

Applicant Signature _____

Date _____

At the time of hire, we will verify your Social Security Number to make sure that you are legally authorized to work in the United States.

FOR OFFICE USE ONLY

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