

EMPLOYMENT APPLICATION – HIGHPORT MARINA

Date: _____

PERSONAL DATA

Last Name First Name Middle Initial

Present Address City State Zip

Home Telephone Number Fax Cell

Social Security Number Drivers License Number Expiration Date

Position Applying For Full /Part time/Temporary Salary Required

EMERGENCY INFORMATION

Name of Person to Contact in the Event of an Emergency Telephone Number(s)

Name of Physician or Health Care Provider Telephone Number

Any known allergies / Medic Alert Information

GENERAL INFORMATION

If you are under 18 years of age, can you submit a work permit? ___ Yes ___ No ___ Not Applicable

How did you learn of this job opening? _____

Have you ever been convicted of a crime other than traffic infractions? ___ Yes ___ No If yes, please Explain: (Note: Conviction is not an automatic bar to employment. Each case will be considered on its own merits.).

List membership in professional organizations, which you feel, would enhance your application, excluding any whose names would indicate the race, religious creed, color, national origin or ancestry of its members.

Do you have adequate transportation to and from work? ___ Yes ___ No

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

If No, describe the functions that cannot be performed. _____

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions.

Are you available for weekend work on a consistent basis? ___Yes ___No

Can you accept the position immediately? ___Yes ___No If not, how soon? _____

Do you have any friends or relatives working for the Company? ___Yes ___No If yes, state name,

relationship and location. _____

The Company is committed to full compliance of the Federal Immigration Laws. If hired, will you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ___Yes ___No

PROFESSIONAL AND TECHNICAL APPLICANTS ONLY

License Number _____ Expiration Date _____ Type of License _____ State _____

EDUCATION

School	Name and Address	No. of Years Completed	Did You Graduate	Diploma Received
High School				
College/ University				
Vocational/ Business				
Health Care				
Other				

Do you speak, write or understand any foreign language? ___Yes ___No If Yes, which languages?

SKILLS

Describe any skills, experience, training and qualifications which you feel make you especially suited for the position you are applying for with the Company.

EMPLOYMENT HISTORY (List last position first and include military service, if applicable)

May we contact your present employer? Yes No

Dates	Name / Address/Phone of Employer	Supervisor's Name	Rate of Pay	Reason for Leaving
From/To			Begin/End	

Job Title: _____ Briefly describe duties performed: _____

EMPLOYMENT HISTORY (continued) (List last position first and include military service, if applicable)

Dates	Name / Address/Phone of Employer	Supervisor's Name	Rate of Pay	Reason for Leaving
From/To			Begin/End	

Job Title: _____ Briefly describe duties performed: _____

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BUSINESS REFERENCES

Name	Address	Occupation	Phone Number

I understand that I must submit to a Urine Drug Screen Test (UDS) for pre-employment reasons or at any time during my employment according to Company policy. I understand that failure to pass the UDS test for pre-employment reasons will result in no job offer. In the event that I am required to take a UDS test during my employment, I understand that Company policy will prevail and in the event that I fail to pass this test, it may result in termination.

Agreement and Consent: _____
Applicant's Signature Print Name

I hereby certify that all statements on this application and/or attached resume are true and complete to the best of my knowledge. If employed, I understand that any falsification of this record will make me subject to immediate discharge. I also understand and agree that all employment with the Company is "at will" which means that my employment may be terminated at any time with or without cause at the option of the Company or myself and that this "at will" employment relationship cannot be changed except in writing signed by the President of the Company. I hereby authorize the Company to make any investigations including, without limitation, any investigation of my person history, a physical, including drug and alcohol testing, a Department of Motor Vehicle check and criminal background check through any investigative or credit agency or bureaus or law enforcement agency.

Applicant's Signature: _____ Date: _____