

Application for Employment



Date of Application: _____

Position Applied For: _____

How Did You Learn About This Position? Web Site
 Walk-In Friend/Relative Employment Agency _____
 Advertisement _____ Other _____

PERSONAL INFORMATION

Name: _____
Last Middle First

Address: _____
Number/Street/Apartment City State Zip Code

Telephone: _____ Email: _____

Are you over the age of 16? Yes No
 Are you over the age of 18? Yes No
 If you are under 18, can you furnish a work permit? Yes No
 Are you legally authorized to work in the United States?
(Proof of eligibility will be required upon employment) Yes No
 Have you been convicted of a felony within the last 7 years? Yes No
 If yes, please explain: (A conviction will not necessarily disqualify you from employment.)

Have you ever been employed by us? Yes No
 If yes, when: _____

Do you have any relatives employed by our company? Yes No

AVAILABILITY

Date you are available to start work: _____

Do you wish to work: Full-Time Part-Time Temporary

If temporary, specify dates available: _____

Please indicate hours you are available to work each day: (example 7am – 9pm)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Wages desired: \$_____ per _____ Hours per week: _____

Do you possess a valid driver's license? Yes No

SKILLS & EXPERIENCE

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Customer Service
<input type="checkbox"/> iOS/iPhone
<input type="checkbox"/> Android Phone/Tablet
<input type="checkbox"/> PC/Windows
<input type="checkbox"/> Jet Ski Operation
<input type="checkbox"/> Retail / Merchandising
<input type="checkbox"/> Fluency in Other Languages: _____ | <input type="checkbox"/> Towing Trailers
<input type="checkbox"/> Launching Boats / Jet Skis
<input type="checkbox"/> Point-of-Sale Terminal / Cashier
<input type="checkbox"/> Microsoft Word (or equivalent)
<input type="checkbox"/> Rental Equipment |
|---|--|

List any other relevant qualifications you have that can be a benefit in this position:

PLEASE PRINT

EDUCATION				
	Name and Location	Years Completed	Degree?	Major
High School				
College				
Grad School				
Other				

EMPLOYMENT HISTORY					
Give names and addresses of all previous employers for the past 10 years. If you are now working, your present employer and reason you want to leave must be included. Additional sheets may be attached if required. Please give reason for any lapse of time between jobs.					
May we contact your present employer?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer (Latest first)	Dates Employed	Salary History	Position and Duties	Reason for Leaving	
Name:	From:	Start:			
Address (City/State/Zip):	To:	Final:			
Telephone:	Supervisor:				
Name:	From:	Start:			
Address (City/State/Zip):	To:	Final:			
Telephone:	Supervisor:				
Name:	From:	Start:			
Address (City/State/Zip):	To:	Final:			
Telephone:	Supervisor:				
Name:	From:	Start:			
Address (City/State/Zip):	To:	Final:			
Telephone:	Supervisor:				
Additional sheets attached?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

REFERENCES		
Please list 1-3 references (not related to you) with contact information.		
Name:	Phone number:	Email:
How do you know this person?		Years acquainted?
Name:	Phone number:	Email:
How do you know this person?		Years acquainted?
Name:	Phone number:	Email:
How do you know this person?		Years acquainted?

