Southern Yacht Club Employment Application

Read this application carefully before signing, including the information concerning employment and the application process found at the end of this form. Application must be completed in full even if attaching a resume.

Position Ap	plied for:			Date	of Application: _	
PERSONAL						
PLEASE PRINT USING BALLPOINT PEN						
Full	First	Middle	Last		Social Security	Number
Name	G	G'.	G	7:	***	
Present Address	Street	City	State	Zip	How Long	Home Telephone #
Previous Address	Street	City	State	Zip	How Long	
	hone Numbers?					
Have You E	ver Worked For	The Company E	Before? []	Yes [] No	
	oximate Dates (Mo	o/Yr. Hired – Mo.	Yr. Separateo	d) and last	supervisor:	
How Were Y	ou Referred?					
		GEN	ERAL IN	FORM	ATION	
If you are under the age 18, please state your age: If you are under age 18, can you supply working papers? [] Yes [] No						
				dringtha I	[] Yes	[] No or employment. Can you, upon
•		_	•		•	e employed in the United States?
	No	iocumentation est	aonsining you	ii identity a	and engionity to be	comployed in the Officed States:
If you have ever been convicted of, admitted or pled "no contest" to a crime other than a minor traffic infraction, please						
explain (a pas	st conviction is no	t necessarily a bar	to employme	ent):		
If you have e	If you have ever been discharged from any employment or asked to resign, please explain:					
	_					
If you have ever been eccused of unlegiful discrimination, including several horsesment, places evaluing						
If you have ever been accused of unlawful discrimination, including sexual harassment, please explain:						
Please check	schedule availahil	lity:				
Please check schedule availability: [] I am available and desire to work FULL-TIME (40 hours) and do not have restrictions on my hours and days.						
[] I am available and desire to work PART-TIME. If less than 40 hours a week, please describe availability:						
Avoilable start date:						
Available start date:						

EMPLOYMENT HISTORY AND EXPERIENCE				
Company Name 1 (most recent):	Dates Employed:			
	From: To:			
Address:	City and State:			
Phone Number:	Name of Manager / Supervisor:			
Explain any gap in employment between Company 1 and the present	:			
Duties and Responsibilities:				
Salary, Wage, or Other Compensation:	Reason(s) for Leaving or, if current employer, may we contact?:			
Company Name 2:	Dates Employed:			
Company France 2.	From: To:			
Address:	City and State:			
Phone Number:	Name of Manager / Supervisor:			
Explain any gap in employment between Company 2 and Company 1	:			
Duties and Responsibilities:				
Salary, Wage, or Other Compensation:	Reason(s) for Leaving:			
Company Name 3:	Dates Employed:			
Company Ivanic 3.	From: To:			
Address:	City and State:			
Phone Number:	Name of Manager / Supervisor:			
Explain any gap in employment between Company 3 and Company 2:				
Duties and Responsibilities:				
Salary, Wage, or Other Compensation:	Reason(s) for Leaving:			
EDIIC	TION			

EDUCATION					
Type of School	NAME AND ADDRESS OF SCHOOL	Major Subject	Show last yr attended	Graduate	Degree
High School		N/A	9 10 11 12	[] Yes [] No	
High School		N/A	9 10 11 12	[] Yes [] No	
College			1 2 3 4	[] Yes [] No	
College			1 2 3 4	[] Yes [] No	
Graduate School			1 2 3 4	[] Yes [] No	
Business, Trade Other			1 2 3 4	[] Yes [] No	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS				
List any other experience, skills or other qualifications including hobbies which you believe should be considered				
in evaluating your qualifications for employment. Please indicate any prior military service which you would like				
considered in connection with your application for employment.				
A PRINCIPAL AND DESIGNATION AND DESIGNATION OF THE PROPERTY OF				
ATTENDANCE AND PUNCTUALITY INFORMATION				
Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything				
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Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company?				
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BUSINESS REFERENCES				
List personal references only if you have no business references.				
1	Name:	Business Phone		
Business Address, Title		Relationship, Home Phone		
City and State (Zip)		How Long Known		
2	Name:	Business Phone		
Business Address, Title		Relationship, Home Phone		
City and State (Zip)		How Long Known		
	I			
3	Name:	Business Phone		
Business Address, Title		Relationship, Home Phone		
City and State (Zip)		How Long Known		

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

It is the policy of the Company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, citizenship status, expunged juvenile records, disability, pregnancy or any other characteristic protected by federal, state or local law.

I authorize the investigation of all statements and information contained in this application, and authorize my former employers and other persons having information concerning me or my record as it may relate to any information relating to my application to provide such information to the Company. I release from all liability anyone supplying such information. I also release the Company from all liability that might result from making an investigation.

If hired, I agree to abide by all of the Company rules and regulations. I understand that, if employed, my employment may be terminated with or without cause and with or without notice, at any time at the option of either the Company or me. I understand that the Company and any Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. I further understand that no representative or agent of the Company has the authority to enter into any agreement (whether oral or written) for employment for a specified period of time, or otherwise to deviate from the employment-at-will policy, or to make any agreement contrary to the foregoing, other than in a document signed by the President or his expressly authorized designee.

If a conditional offer of employment is made, I consent to undergo a drug screening exam and I understand that a positive result will disqualify me from employment.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied by me on this application.

Applicant Signature:	Г	Date: