

# APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL INFORMATION

				DATE
NAME			SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
PHONE NO.		ARE YOU 18 YEARS OR OLDER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Yes <input type="checkbox"/> No <input type="checkbox"/>				

LAST

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
REFERRED BY		

FIRST

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

MIDDLE

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

\*The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)  
 IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A  
 CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE  
 SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF  
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS:

NEATNESS ABILITY

HIRED:  Yes  No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

HURON LAGOONS MARINA, INC.  
APPLICATION SUPPLEMENT

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE NO. \_\_\_\_\_

THIS JOB REQUIRES YOU TO BE AROUND WATER. CAN YOU SWIM? YES/NO

THIS JOB REQUIRES MODERATE TO HEAVY LIFTING. DO YOU HAVE ANY RESTRICTIONS TO LIFTING? YES/NO IF YES PLEASE EXPLAIN

\_\_\_\_\_  
HURON LAGOONS MARINA, INC. IS OPEN SEVEN DAYS A WEEK DURING THE IN SEASON PERIOD. THAT PERIOD IS FROM APRIL THROUGH NOVEMBER. MANAGEMENT WILL DETERMINE WHICH DAY OF THE WEEK YOU WILL HAVE OFF. IS THERE ANY DAY OF THE WEEK IN WHICH YOU CAN NOT WORK? YES/ NO IF YES PLEASE EXPLAIN.

\_\_\_\_\_  
ARE THERE ANY SPECIAL ITEMS WE SHOULD KNOW WHICH MAY REQUIRE TIME OFF. SUCH AS ATHLETICS, CURRICULA ACTIVITIES, WEDDINGS, OTHER (EXPLAIN) \_\_\_\_\_

\_\_\_\_\_  
POSITION HELD MAY REQUIRE DRIVING COMPANY VEHICLES. PLEASE ENTER DRIVERS LICENSE NO. \_\_\_\_\_ ENDORSEMENTS \_\_\_\_\_ CLASS \_\_\_\_\_

I AM AWARE THAT MY FIRST 90 WORKING DAYS IS CONSIDERED A TRIAL PERIOD AND BY NO MEANS CONSIDERED PERMANENT EMPLOYMENT.

I HEREBY AUTHORIZE HURON LAGOONS MARINA, INC. TO CONDUCT A BACKGROUND INQUIRY WITH ANY LAW ENFORCEMENT AGENCY, EDUCATOR, FORMER OR PRESENT EMPLOYER OR ANY OTHER PERSON AND OR AGENCY CONCERNING MY CHARACTER, ABILITY AND EXPERIENCE. I AFFIRM THAT THE ANSWERS I HAVE MADE TO EACH AND ALL OF THE QUESTIONS IN THE APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HEREBY WAIVE ALL PROVISIONS OF LAW FORBIDDING MY PHYSICIAN OR OTHER PERSON WHO HAS ATTENDED OR EXAMINED ME OR WHO MAY HEREAFTER ATTEND OR EXAMINE ME, COLLEGES OR UNIVERSITIES WHICH I ATTENDED, OR PAST EMPLOYERS, FROM DISCLOSING ANY KNOWLEDGE OR INFORMATION WHICH THEY THEREBY ACQUIRED RELEVANT TO MY EMPLOYMENT AND I HEREBY CONSENT THAT THEY MAY DISCLOSE SUCH KNOWLEDGE OR INFORMATION TO THE MANAGEMENT OF HURON LAGOONS MARINA INC.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

COMPLETED EMPLOYMENT APPLICATION AND SUPPLEMENT EMPLOYMENT APPLICATION FORMS ARE ONLY KEPT ON FILE FOR 30 DAYS.