

Salt Fork Marina

Employment Application

PERSONAL

Date of Application _____

Name _____
Last First Middle Name

Social Security No. _____

Present Address _____

No. Street City State Zip Code

How long have you been at this address? _____ Telephone No. () _____
Area Code

Job Applied for _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening _____

AVAILABILITY

List hours available to work per week: _____ Check here if available anytime _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From	From	From	From	From	From	From
To	To	To	To	To	To	To

How many hours per week would you like to work? _____

Have you worked for any of our companies before? Y N When _____ Where _____

HOW WOULD YOU RATE YOURSELF

(1 = Improvement needed 2 = OK 3 = Good 4 = Top Performer)

- _____ Energy Level: Your sense of urgency, self-motivation and enthusiasm.
- _____ Communication Skills: Your ability to listen well, express ideas clearly and accept feedback.
- _____ Hospitality: Your natural friendliness and customer service skills.
- _____ Reliability: Your dependability, attendance, self-discipline and dedication.
- _____ Personal Pride: Your appearance, hygiene and achievement.
- _____ Teamwork: Your cooperation with others and team spirit.

Can you perform the essential functions of this job, with or without accommodations? Y N

If No, please describe in full. _____

In Case of Emergency, Contact: _____ Phone: _____

Do you have any relative or friends currently working for Atwood Lake Boats? Y N

If yes, state relationship to you and location of employment _____

Have you taken the Safe Boating Course? Y N Certification No. _____

If no, a Safe Boating course is required in order to be eligible for this position.

(PLEASE NOTE: ALL ITEMS ON REVERSE SIDE MUST BE COMPLETED)

In the event you are required to use our personal or company automobile to conduct company business, please complete the following:
 *Only applicants whose job will involve driving need respond to the next two questions. Ask the manager to whom you are applying for details.

Do you have a valid driver's license? Y N If Yes, indicate _____
 (State) (Number)

Do you have automobile liability insurance? Y N

LIST BELOW, BEGINNING WITH YOUR MOST RECENT, ALL PRESENT AND PAST EMPLOYMENT

Name, Address and Phone # of Company	From		To		Last Position Held		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr	Title	Duties				

PERSONAL REFERENCES (Not former employers or relatives)

Name and Address	Occupation	Phone Number

RECORD OF EDUCATION

School	Name and Address	Course of Study	Years Attended	Circle Last Year Completed				Did You Graduate	List Diploma	Grade Average
				1	2	3	4			

BACKGROUND

Are you 18 years of age or older? ___ Y ___ N Date of Birth ___/___/___

Have you ever been convicted of any felony? ___ Yes ___ No

Have you ever been convicted of a crime, excluding misdemeanors? ___ Yes ___ No

Have you ever been convicted of any crime involving violence to another person? ___ Yes ___ No

Have you ever been convicted of any crime involving dishonesty? ___ Yes ___ No

Are you serving probation for any misdemeanor offense? ___ Yes ___ No

Have you ever been counseled or disciplined for cash handling violations? ___ Yes ___ No

IMPORTANT – READ BEFORE SIGNING

I certify that information given herein is true and complete to the best of knowledge.
 I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment.
 I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs before and during employment.

Signed _____ Date _____