

EMPLOYMENT APPLICATION

POSITION APPLIED FOR: \_\_\_\_\_

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT, but merely is intended to evaluate suitability for employment. It is the policy of Island Watersports LLC to provide equal employment opportunity to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, sexual orientation, veteran status, or any other status protected under state and federal law. It is also the policy of Island Watersports LLC to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may also include providing bodily substance samples.

PERSONAL INFORMATION

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list below your current address and your one other most recent addresses:

Current/Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Since (Mo/Yr): \_\_\_\_\_
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
Available Start Date: \_\_\_\_\_

Can you work through the end of September: Yes \_\_\_\_\_ No \_\_\_\_\_ Weekends Only \_\_\_\_\_

EDUCATION

High School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_ Graduated? Yes No Yr: \_\_\_\_\_
City/State Area of Study Degree/Certificate/Diploma

Undergraduate College

Graduate School

Certification Classes

EMPLOYMENT INFORMATION

- 1. Yes \_\_\_\_\_ No \_\_\_\_\_ Are you at least 18 years of age and legally eligible for work in the United States?
2. Yes \_\_\_\_\_ No \_\_\_\_\_ Will you work 40+ hours per week?
3. Yes \_\_\_\_\_ No \_\_\_\_\_ Do you understand the job requirements?
4. Yes \_\_\_\_\_ No \_\_\_\_\_ Are you currently bound by a non-competition or trade secret agreement?

If Yes, please explain \_\_\_\_\_

- 5. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been discharged or asked to resign from a job?

If yes, please explain \_\_\_\_\_

- 6. Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever been convicted of or pled guilty to a felony or other crime?

If yes, please explain \_\_\_\_\_

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Please list below your last three employers, beginning with the current or most recent past employer

Most Recent Employer: \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_
Phone \_\_\_\_\_ Position Held \_\_\_\_\_ From/To \_\_\_\_\_ Pay Rate \_\_\_\_\_
Supervisor \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_
Phone \_\_\_\_\_ Position Held \_\_\_\_\_ From/To \_\_\_\_\_ Pay Rate \_\_\_\_\_
Supervisor \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Employer \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_
Phone \_\_\_\_\_ Position Held \_\_\_\_\_ From/To \_\_\_\_\_ Pay Rate \_\_\_\_\_
Supervisor \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

EMPLOYMENT APPLICATION

**JOB RELATED SKILLS**

Please answer all of the following questions. When necessary, note question number and use an extra sheet of paper to provide explanations.

1. Yes \_\_\_\_ No \_\_\_\_ Do you have a valid drivers license?

If yes: Driver's License Number \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

2. Yes \_\_\_\_ No \_\_\_\_ Have you completed a Maryland Basic Boating Course? Issued Date: \_\_\_\_\_

3. Yes \_\_\_\_ No \_\_\_\_ Have you ever been convicted of or pled guilty to any traffic-related offense within the past 5 years?

4. Yes \_\_\_\_ No \_\_\_\_ Have you had your drivers license suspended or revoked or had your driving privileges modified by a court of law?

6. Yes \_\_\_\_ No \_\_\_\_ CPR Certified Exp Date: \_\_\_\_\_

7. Yes \_\_\_\_ No \_\_\_\_ Do you have the ability to teach/coach customers?

Please list any professional licenses, designations, certifications, etc., that may relate to the position applied for. Include date granted, name of organization, and any other relevant information: BCBA, physical management etc.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Please list/explain watersports/boating experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

APPLICANT'S CERTIFICATION AGREEMENT

1. I understand that I may submit a copy of my resume' and that by submitting a resume' I understand that it will be used only as supporting and additional background information. A resume is not an authorized substitute for a completed employment application. 2. I understand that if I should choose to complete only a portion of the required employment application that the information submitted may not be enough information from which to base any determination on, and, as a result, my application may not receive full consideration for employment. 3. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release Island Watersports LLC from all liability that may result from making background investigations. 4. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. 5. I agree, if I am offered and accept a position, to conform to all existing and future workplace rules, regulations, policies and procedures of Island Watersports LLC. 6. I understand and agree that Island Watersports LLC reserves the right to change any wage, hours of work and working conditions, in its sole discretion, at any time, as deemed necessary. 7. I understand the employment relationship will be At Will, meaning that either party can end the employment relationship at any time, and for any reason, or no reason. 8. I understand that any employment offer is contingent upon my providing proof of identity and eligibility to work within the United States, within 3 days of my starting date, to conform to the provisions of the Immigration Reform and Control Act of 1986. 9. I have read and reviewed the information contained in pages 1 through 3 of this employment application, and these 8 statements. By signing this employment application I certify that I understand all of the information requested and that I have provided information that is truthful, complete and accurate.

\_\_\_\_\_  
**(Applicant Signature)**

\_\_\_\_\_  
**(Today's Date)**

OFFICE USE ONLY

FIRST CONTACT:

SECOND CONTACT:

HIRE: YES / NO