PERSONAL INFORMATION

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 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.

Name: Last:	First:	М	ddle:		
Social Security #:	Home Phone:	Cell Ph	Cell Phone:		
Date of Birth:	E-mail:				
Please list below you	r current address and yo	our one other most r	ecent addresses	:	
<u>-</u>	City:				
	City:			-	
Available Start Date:					
Can you work through the	end of September: Yes No	o Weekends Only			
EDUCATION					
High School Attended:		City/State:	Graduated? Y	es No Yr:	
City/State Area of Study De		•			
Undergraduate College					
Graduate School					
Certification Classes					
EMPLOYMENT INFOR	RMATION				
1. YesNo Are yoเ	ı at least 18 years of age and le	gally eligible for work in t	he United States?		
2. YesNo Will you	u work 40+ hours per week?				
3. YesNo Do you	understand the job requirement	nts?			
4. YesNo Are yoι	currently bound by a non-con	npetition or trade secret a	greement?		
If Yes, please explain					
•	ou ever been discharged or ask	•			
• •					
_	ou ever been convicted of or pl				
If yes, please explain					
EMPLOYMENT HISTO	)RY				
MAY WE CONTACT YOUR F	PRESENT EMPLOYER? YES	NO			
Please list below your last t	three employers, beginning wit	h the current or most rec	ent 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	)	
			710		
	Desition Hold	-			
	Position Held		Pay Rate	<u> </u>	
Supervisor		Reason For Leaving			

## **JOB RELATED SKILLS**

Please an provide ex			ons. When necessary	y, note question	number and use an extra sheet of paper to
1. Yes	No _	Do you have a val	id drivers license?		
If yes: Dri	ver's Li	cense Number		State:	Exp Date:
2. Yes	_No	Have you completed	a Maryland Basic Bo	eating Course?	Issued Date:
3. Yes	No _	Have you ever be	en convicted of or ple	ed guilty to any t	traffic-related offense withinthe past 5 years?
4. Yes court of la		Have you had your	drivers license susp	ended or revoke	ed or had your driving privileges modified by a
6. Yes	No	CPR Certified	Exp Date:		
7. Yes	_No	_ Do you have the abil	ity to teach/coach cu	stomers?	
granted, r	name of	organization, and any o	other relevant informa	ation: BCBA, ph	nay relate to the position applied for. Include date ysical management etc.
		n watersports/boating e			<del></del>
i icase iis	Vexpian	-	-		
Emergency Contact: Phone #:					
_	-	CATION AGREEMENT			
3. I auti Waters best of or imme regulati conditio relation United pages	horize the involved the involved the involved the my knowledge diate terminions, policies ons, in its soluship at any tistates, within 1 through 3 of the involved the involve	vestigation of all statements contained om all liability that may result from mal ge. I understand that any falsification, ation of employment, regardless of wand procedures of Island Watersport e discretion, at any time, as deemed I ime, and for any reason, or no reasor in 3 days of my starting date, to confor	I in this application and release fre- king background investigations. 4. misrepresentation, or omission of hen or how discovered. 5. I agree s LLC. 6. I understand and agree necessary. 7. I understand the em n. 8. I understand that any employ m to the provisions of the Immigra see 8 statements. By signing this see 8 statements. By signing this	om all liability any persons I certify that the facts and f facts on this application ( i, if I am offered and accepthat Island Watersports LI ployment relationship will ment offer is contingent up tation Reform and Control	isult, my application may not receive full consideration for employment. so or employers supplying such information, and I also release Island d information set forth in this application are true and complete to the (or on any required documents) will be cause for denial of employment of a position, to conform to all existing and future workplace rules, LC reserves the right to change any wage, hours of work and working be At Will, meaning that either party can end the employment proposed proof of identity and eligibility to work within the Act of 1986. 9. I have read and reviewed the information contained in certify that I understand all of the information requested and that I
(Applica	ant Sig	gnature)		(Today	's Date)
OFFICE USE	ONLY				
FIRST CO	NTACT:				
SECOND	CONTAC	CT:			
HIRE: YES	S/NO				