

WATCH HILL YACHT CLUB

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

PERSONAL INFORMATION

NAME _____ DATE _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PERMANENT ADDRESS _____

STREET CITY STATE ZIP

HOME PHONE NO _____ CELL PHONE NO _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES ___ NO ___

Are you 18 years or older? YES ___ NO ___

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? YES ___ NO ___ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES ___ NO ___

REFERRED BY _____

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC) _____

US MILITARY OR NAVAL SERVICE OR PROFESSIONAL LICENSES _____

Are you presently a member in the National Guard or Reserves? YES ___ NO ___

EDUCATION

TYPE	NAME & LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE OR OTHER SCHOOL	_____	_____	_____	_____

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

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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

IN CASE OF EMERGENCY NOTIFY:

NAME _____

ADDRESS _____

PHONE NO _____

" I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I ALSO UNDERSTAND THAT I MAY BE REQUIRED TO SUPPLY DOCUMENTS TO SHOW PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES, AND IF NECESSARY FOR EMPLOYMENT I MAY BE REQUIRED TO HAVE A PHYSICAL EXAMINATION AND/OR DRUG TEST.

SIGNATURE _____ DATE _____

.....
DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS _____

HIRE DATE _____ HIRED BY _____

POSITION & JOB DESCRIPTION _____