



**Application for Employment**  
Equal Opportunity Employer

*\*\*To be considered for employment please complete application and sign and date at bottom and return via email to Jen@shorelinewatercraft.com\*\**

**Personal Information**

Name:	Date of Birth:
Permanent Address:	City/State/Zip Code:
Cell Phone:	Email:
Referred By:	Emergency Contact:

**Employment Desired**

Position:	Date you can start:	Desired Salary:
Are you currently employed?	If so, may we inquire of your present employer?	
Have you applied to this company before?	Have you worked for this company before?	

**Education History**

	Name & Location	Years Attended	Did You graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade or Business School				

**Former Employers:** (list below last three employers, starting with last one first)

Date Month & Year	Name & Address of Employer	Supervisor & Telephone #	Salary	Position	Duties	Reason for Leaving

**References:** Names of three persons not related to you, whom you have known at least 3 years

Name	Address	Phone #	Business	Years Known

1. Please explain below what knowledge, skills, and abilities you have to qualify you for this position:
  
  
  
  
  
  
  
  
  
  
2. Why do you want to work here and what do you have to offer this company?
  
  
  
  
  
  
  
  
  
  
3. What are your greatest strengths and weaknesses?
  
  
  
  
  
  
  
  
  
  
4. Give an example of a problem you faced and how you solved it:

### **Authorization**

“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 and employers listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date \_\_\_\_\_

Signature \_\_\_\_\_