



## Employment Application Form

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

### APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5 DATE \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Number Street City State Zip

How Long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If Under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_ Days/hours available for work  
And salary desired (2) \_\_\_\_\_ No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
(Be specific) Mon \_\_\_\_\_ Fri \_\_\_\_\_  
Tue \_\_\_\_\_ Sat \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense (S) was/were committed, sentence(S) imposed and type(s) of rehabilitation. \_\_\_\_\_

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



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**DO YOU HAVE A DRIVER'S LICENSE?** ☐ Yes ☐ No

What is your means of Transportation to work? \_\_\_\_\_

Driver's License NO. \_\_\_\_\_ State of Issue \_\_\_\_\_ ☐ Operator ☐ Commercial ☐ Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents in the past three years? ☐ Yes ☐ No How Many? \_\_\_\_\_

Have you had any moving violations during the past three years? ☐ Yes ☐ No How many? \_\_\_\_\_

#### OFFICE ONLY

Typing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	10 Key <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Word Processing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM
Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PC <input type="checkbox"/> Mac	Other Skills _____

**Please list two references other than relatives or previous employers.**

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____

**An application form makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.**



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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ Yes ☐ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

Work  
Experience

Please list your work experience **for the last five years** beginning with your most recent job recent job held. If you were self-employed, give firm name. Attach additional sheets if needed.

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
  
City, State, Zip Code \_\_\_\_\_  
Phone number \_\_\_\_\_

Name of Last  
Supervisor

Employment  
Dates

Pay or  
Salary

From

Start

To

Final

Reason for Leaving (Be Specific)

List the jobs you held, duties preformed, skills used or learned, advancements or promotions while you worked at this company.



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<b>Work Experience</b>	Please list your work experience <b>for the last five years</b> beginning with your most recent job recent job held. If you were self-employed, give firm name. Attach additional sheets if needed.
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Name of Employer _____ Address _____  City, State, Zip Code Phone number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
Your last Job title			
Reason for Leaving (Be Specific)			
List the jobs you held, duties preformed, skills used or learned, advancements or promotions while you worked at this company.			

Name of Employer _____ Address _____  City, State, Zip Code Phone number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
Your last Job title			
Reason for Leaving (Be Specific)			
List the jobs you held, duties preformed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No  
Did you complete this application yourself? ☐ Yes ☐ No  
If not, who did? \_\_\_\_\_



**What are your strengths?**

**Describe a typical day at your previous job?**

**Why are you interested in a position with Stockton Sailing Club?**

**How would you deal with a difficult customer?**

**What would you like to be doing in three years?**

**Under what kind of boss do you work best?**

**Give any example of a problem you faced and how you solved it?**

**What are your pet peeves about your previous job?**

**What would you like to know about the Stockton Sailing Club?**



**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Stockton Sailing Club. (hereinafter called the : "Club" ), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Club practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of The Stockton Sailing Club or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Club Commodore. Both the undersigned and the Stockton Sailing Club may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Club may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Club permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Club from any liability as a result of such contract.

I also understand that (1) the Club has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Club may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Club, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further-Understand that my employment with the Club shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Club is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Club is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Club depends solely on your qualifications.

**Thank you for completing this application form and for your interest in our business.**



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**POST EMPLOYMENT INFORMATION FORM**

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight \_\_\_\_\_ Birth date \_\_\_\_\_

Married ☐ Yes ☐ No If married, how long? \_\_\_\_\_ ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Full name of spouse \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Company \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

**FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS**

NAME	RELATIONSHIP	BIRTHDATE	SSN

**OFFICE ONLY**

Date of employment \_\_\_\_\_ Job Title \_\_\_\_\_ Dept. \_\_\_\_\_

Location \_\_\_\_\_ Rate of pay \_\_\_\_\_ ☐ Full-time ☐ Part-Time ☐ Salaried

Applicant's signature acknowledging above information \_\_\_\_\_

Drug test confirmation number \_\_\_\_\_

Name of person verifying information \_\_\_\_\_

Name of person authorizing employment \_\_\_\_\_