

EMPLOYMENT APPLICATION
SHIPYARD ISLAND MARINA, INC.
and/or
SAILOR'S PUB & RESTAURANT

We are an Equal Opportunity Employer. It is the Company's policy to make all employment decisions without regard to age, race, color, religion, national origin, sex, disability, veteran status, marital status or any other protected status in accordance with local, state or federal law. Please print this form, fill it out, and fax or mail it to Shipyard Island Marina at 920-847-2066 or 1475 South Shore Drive, PO Box 249, Washington Island, WI 54246.

Position Applied for			Date of Application
Name—Last, First & Middle Name			Phone No.
Address—Number & Street			Social Security No.
City	State	Zip Code	Birth Date

U.S. Citizen? Yes No

If hired, can you furnish proof that you are legally permitted to work in the U.S.? Yes No

Date available for work _____

Are you under 18 years of age? Yes No

If no, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been convicted a crime? Yes No

If yes, please provide date(s) and details

Conviction record would not necessarily be a bar to employment. Factors such as age and time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.

Education

	Name & Location	# of Years completed	Did you graduate?	Subject(s) Studied and Degree(s) Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Skills and Qualifications - Please summarize your skills and knowledge:

Employment History

Date/Month/Year	Name, Address and Telephone # of Employer	Last Pay Rate	Position	Immediate Supervisor	Reason for Leaving
From / /					
To / /					
From / /					
To / /					
From / /					
To / /					

References

Name	Address	Business	Telephone	Years Known

List additional information you would like us to consider:

I certify that all information given by me on this application is correct, true, and complete. I understand that falsification of any information on this application may be considered sufficient cause to cancel further consideration of this application, or immediate discharge from the employer's service.

I understand that if I am hired, I am free to end the employment relationship at any time for any reason. However, the company also reserves its right to terminate the employment relationship at any time, for any lawful reason.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the U.S.A.

I certified that I have read, fully understand, and accept all the terms of the employment application.

Applicant Signature	Date
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