## **Port Clinton Yacht Club**



## **Employment Application**

Applicant Information								
Full Name:					Date:			
Address:	Last	First		M.I.	_			
Address.	Street Address			Apartment/Unit #				
-	City			State	ZIP (	Code		
Phone: (	)							
Date Available: Social Security No.:				Desired Salary: \$				
Position Applied for:  YES NO YES NO								
Are you a c	itizen of the United Stat	If no, are you authorized to work in the U.S.?						
Have you ever worked for this company?  YES NO  If so, when?  YES NO  YES NO								
Have you e	ver been convicted of a							
If yes, explain:								
Education								
High Schoo	ol:	Address:						
From:		Did you graduate?	YES NO	Degree: _				
College:		Address:						
From:	To:	Did you graduate?	YES NO	Degree: _				
Other:		Address:						
From:		Did you graduate?	YES NO	Degree: _				
		Refe	rences					
Please list	three professional refe							
Full Name:			Relationship: _					
Company:				_ Phone: _	( )			
Address: _								
Full Name:			Relationship: _					
Company:				_ Phone: _	( )			
Address:								
				Relationship:				
Company:				Phone:	( )			
Address: _								

Previous Employment							
Company:	Phone: ( )						
Address:	Supervisor:						
Job Title:							
Responsibilities:							
From: To: Reason for Leaving:	NO						
May we contact your previous supervisor for a reference?	NO						
Company:	Phone: ( )						
Address:	Supervisor:						
Job Title:							
Responsibilities:							
From: To: Reason for Leaving:							
May we contact your previous supervisor for a reference?	NO						
Company:	Phone: ( )						
Address:	Supervisor:						
Job Title:							
Responsibilities:							
From: To: Reason for Leaving:							
May we contact your previous supervisor for a reference?							
Military Service							
Branch:	From: To:						
Rank at Discharge: Type of	of Discharge:						
If other than honorable, explain:							
Disclaimer and Signature							
The information provided by me is true, correct and complete. I understand that if employed by Port Clinton Yacht Club any false information or omission on this application may result in my dismissal. I authorize Port Clinton Yacht Club to make an investigation concerning any and all of my criminal records and arrests on file, Bureau of Motor Vehicle Records, and previous employment records, and to interview any person who is believed to have information concerning my character. I authorize any past employer or government agency to furnish any information contained in their files under my name and agree to hold any source of information harmless for any error in reporting this information. I understand this investigation is only for the purpose of verifying information necessary for determining my eligibility for employment or continued employment. I also understand that any information received by Port Clinton Yacht Club will be held in strict confidence. I understand that I am an employee-at-will and either myself or Port Clinton Yacht Club can terminate my employment at any time, with or without cause, and with or without notice.							
Signature:	Date:						