



THE BOATHOUSE
Edgartown

Application For Employment

An Equal Opportunity Employer

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

M.V. Address: _____
Street Address City State ZIP Code Apartment/Unit #

Permanent Address: _____
Street Address City State/Country ZIP Code Apartment/Unit #

Cell Phone: _____ Email _____

Home Phone _____ ARE YOU 18 YEARS OR OLDER? YES NO

IF YOU ARE HIRED, WILL YOU BE ABLE TO PROVIDE YOUR ELIGIBILITY TO WORK IN THE UNITED STATES? YES NO

DO YOU HAVE A VALID SOCIAL SECURITY NUMBER? YES NO

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ LAST DATE AVAILABLE: _____

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

HAVE YOU EVER APPLIED TO THE BOATHOUSE BEFORE? YES NO

HOW DID YOU HEAR ABOUT THE BOATHOUSE? _____

EDUCATION

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Diploma: _____

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Diploma: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Diploma: _____

(CONTINUED ON OTHER SIDE)

Previous Employment

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

Employer Name:	Phone:
Address:	Position:
Dates Employed:	Reason for Leaving:

Employer Name:	Phone:
Address:	Position:
Dates Employed:	Reason for Leaving:

Employer Name:	Phone:
Address:	Phone:
Dates Employed:	Reason for Leaving:

References

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

Full Name:	Relationship:
Company:	Phone:

Full Name:	Relationship:
Company:	Phone:

Full Name:	Relationship:
Company:	Phone:

General

Special Skills:

Activities:

Military Service

Branch:	Rank:	Present Membership in National Guard or Reserves	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Disclaimer and Signature

"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 CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN THE GENERAL MANAGER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE GENERAL MANAGER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

Signature: _____ Date: _____