

Give Employment Record As Completely As Possible. Start With Your Present Employer. Indicate Unemployed or Self-Employed Periods. Notate Dates of Employment For Each Position.

Company Information	Employment Dates	Job Information
Name:	From	Job Title:
Address:	To	Job Duties:
City/State:		
Phone:		
Supervisor Name And Title:		
Reason For Leaving:		

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Address:	To	Job Duties:
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Supervisor Name And Title:		
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Address:	To	Job Duties:
City/State:		
Phone:		
Supervisor Name And Title:		
Reason For Leaving:		

List Any Special Training or Skills You Have Which Are Relevant To The Position You Are Seeking. (I.E Serve Safe, Alcohol Certification, CPR, First Aid)

May We Contact All Of The Employers In The Preceding Section? Yes No

If No, Please Indicate Whom You Wish Not To Contact Regarding Your Employment And Why _____

Do You Foresee Any Transportation Problems Getting To And From Work? Yes No

If Yes, What Are They? _____

List The Names of Three Professional References, Not Related To You, Whom You Have Worked For At Least One Year			
Name	Business	Address And Phone	Years Acquainted
1.			
2.			
3.			

If You Are Under 18, Can You Furnish A Work Permit? Yes No

If No, Why? _____

I HEREBY AUTHORIZE WYCHMERE HARBOR CLUB TO CONTACT ANY SCHOOLS, FORMER PLACES OF EMPLOYMENT AND/OR PERSONS WHO MAY AID IN DETERMINING MY SUITABILITY FOR EMPLOYMENT. I ALSO RELEASE THOSE INDIVIDUALS AND/OR ORGANIZATIONS CONTACTED FROM ALL LIABILITY WHATSOEVER FOR ISSUING THE REQUESTED INFORMATION.

I CERTIFY THAT ALL OF THE ABOVE INFORMATION I HAVE PROVIDED IS TRUE, COMPLETE AND CORRECT. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE ANY AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO SUPERVISOR OR REPRESENTATIVE OF THE EMPLOYER IS AUTHORIZED TO MAKE ANY ASSURANCE TO THE CONTRARY AND THAT NO IMPLIED ORAL OR WRITTEN AGREEMENTS CONTRARY TO THE FOREGOING EXPRESS LANGUAGE ARE VALID UNLESS THEY ARE IN WRITING AND SIGNED BY THE EMPLOYER'S PRESIDENT.

APPLICANT'S SIGNATURE

DATE

IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DEDECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.