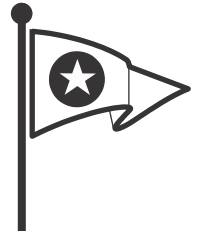


Naples Yacht Club

700 14th Avenue South
Naples, Florida 34102
(239) 262-6648



APPLICATION FOR EMPLOYMENT

ABOUT YOU

Name (*Last, First M.I.*): _____ Nickname: _____

Message Phone: _____ Email Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

If you listed a message phone above, how often do you check for messages? _____

Name of person to contact in case of emergency: _____ Phone: _____

Do you have reliable transportation to meet any scheduled shift? _____

Can you read at a 6th grade level? _____ Have you been convicted of a felony? _____ If **yes**, please give details on last page.

Have you ever worked for us before? _____ If so, under what name? _____

Do you have any friends or relatives working for us? _____ Who? _____

Can you provide proof that you are over 18 years old? _____ ...over 21 years old? _____ Are you a smoker? _____

Do you have a valid driver's license? _____ Class: _____ State: _____ License No. _____

Have you had any accidents or moving violations in the past three years? _____ If **yes**, please provide details on the last page.

Have you ever been bonded? _____ Is there any reason why you could *not* be bonded? _____

If **yes**, please give details on last page.

Do you have a legal right to work in the U.S.? _____ Can you provide documentation of your legal right to work? _____

Is additional information concerning change of name necessary to check work or education records? _____

If yes, please explain (continue on last page if necessary). _____

ABOUT THE JOB

For what position are you applying? _____ Salary Requirement: \$ _____ per _____

Would you accept another position? _____ If so, which one? _____

Which do you *prefer*? Full-time work Part-time work. If part-time, about how many hours per week? _____

Which will you *accept*? Full-time work Part-time work

When could you start working for us **full-time**? _____ When are you available to work for us full-time?

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening
<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime

When could you start working for us **part-time**? _____ When are you available to work for us part-time?

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning	<input type="checkbox"/> morning
<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon	<input type="checkbox"/> afternoon
<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening	<input type="checkbox"/> evening
<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime	<input type="checkbox"/> can work anytime

EDUCATIONAL DATA

School	Print Name, Number, Street Address, City, State, and Zip Code of each School	No. of Years Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Business, Night, or Corres.				
Other				

Other skills: List any other job-related skills, qualifications, or licenses that support your application. _____

Honors received: _____

In order to permit a check of your work and educational work records, should we be made aware of any changes of name or assumed name that you previously used? Yes No If **yes**, identify names and relevant dates.

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military experience. If known by any other name, please indicate.

1. Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Salary		
	Start	Final	
Supervisor			
Reason For Leaving			
May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Salary		
	Start	Final	
Supervisor			
Reason For Leaving			
May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

3. Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Salary		
	Start	Final	
Supervisor			
Reason For Leaving			
May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

4. Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Salary		
	Start	Final	
Supervisor			
Reason For Leaving			
May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Membership in Organizations and/or Professional groups which, in your opinion, have a direct bearing on the position you are seeking.

Are you a veteran of the U.S. Military Service? Yes No If yes, which branch of Service? _____

If yes, beginning date and ending date of active duty: From: _____ To: _____
Year/Month Year/Month

Date of Discharge from Military Service: _____

NOTICE TO APPLICANTS

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subjected to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

PLEASE READ AND SIGN STATEMENT BELOW

I understand that, in accordance with Florida Statute §443.131(3)(a)(2), if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefits I might attempt to obtain as a result of my termination. _____ (initials)

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the Club with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of the Naples Yacht Club, Inc. with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the Commodore. _____ (initials)

I certify that all information given on this employment application; any résumé that I submit to the Club; and any related papers and answers given during oral interviews are true and correct. I understand that the Naples Yacht Club, Inc. will make a thorough investigation of my work and personal history. I authorize the giving and receiving of such information requested by the Club during the course of such an investigation. I understand that falsification of any information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of such any such investigation. I hereby release any liability arising under the Fair Credit Reporting Act. _____ (initials)

Date: _____ Signature: _____

