

## **Employment Application**

## **Applicant Information**

oplicant Name:	
ddress: (Street/Number/Apt):	
ty / State / Zip:	
rth Date:	
oday's Date:	
ontact Phone Number:	
mail:	
re you a U.S. Citizen? [ ] Yes [ ] No Do you have proof of U.S. Citizenship? [ ] Yes No [ ]	
not a U.S. citizen, do you have proof of legal right to work in the U.S. ? [ ] Yes [ ] No	
river's License Number:	
ocial Security Number:	
o you have a valid driver's license? [ ] Yes [ ] No	
oes your Motor Vehicle Record contain more than 6 Negligent Operator Points over the past 5 years? [ ] Yes	[ ] No
ersonal Information:	
hat Position are you applying for? [ ] Customer Service Representative [ ] Operations Associate	
hired, would you have transportation to/from work? [ ] Yes [ ] No	
re you over the age of 18? (If under 18, hire is subject to verification of minimum legal age) [] Yes [] No	
I positions require physical labor involving lifting and carrying boats and other equipment weighing up to 70 lb ou have any physical impairments / disabilities that would prevent you from performing this work? $[\ ]$ Yes $[\ ]$	
ave you ever been convicted of a criminal offense (felony or misdemeanor)? [ ] Yes [ ] No	
If Yes, please explain:	

<sup>\*\*</sup>Please be aware that no applicant will be denied employment solely on the grounds of a criminal offense. The nature, details, timing, surrounding circumstances and relevance of the offense to the position applied for, however, may be considered.



## **Education, Training and Experience**

High School and/or Collegiate Experience	
School Name:	Number of years completed:
Did you graduate? [ ] Yes [ ] No	Degree / diploma earned:
Military Service	
Branch:	Rank in Military:
Total Years of Service:	Skills/duties:
Additional Details:	
Previous Employment / Professional References	
Name of Employer #1:	
Name of Supervisor:	
Phone Number:	
Address:	
Job Title / Description:	
Length of Employment:	
Reason for Leaving Job:	
Name of Employer #2:	
Name of Supervisor:	
Phone Number:	
Address:	
Job Title / Description:	
Length of Employment:	
Reason for Leaving Job:	



## **Personal References**

Name#1:	Name#2:		
Phone:	Phone:		
Email:	Email:		
Occupation:	Occupation:		
Relation to you:	Relation to you:		
Improv Time (Optional)			
Tell us a little about yourself and why you're interested in working at Frank's Paddlesports Livery:			

