

ABOUT THE JOB:

What position are you applying for?			Salary requirements \$per			
Which do you	a prefer? ()Fu ()Par		part time, how ma	ny hours per wee	k?	
Which will ye	ou accept?()F	Full time work () Part time work	(check both if app	olicable)	
When could y	ou start working	for us full time?				
When are you	ı not available to	work for us full t	ime?			
MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.
() Noon	() Noon	() Noon	() Noon	() Noon	() Noon	() Noon
.,			() Evening		() U	
() Anytime	() Anytime	() Anytime	() Anytime	() Anytime	() Anytime	() Anytime
When could y	ou start working	for us part time ?	?			
When are you	1 not available to	work for us part	time?			
MON.	TUE.	WED.	THU.	FRI.	SAT.	SUN.
() Noon	() Noon	() Noon	() Noon	() Noon		() Noon
() Evening	() Evening	() Evening	() Evening	() Evening	() Evening	() Evening
() Anytime	() Anytime	() Anytime	() Anytime	() Anytime	() Anytime	() Anytime
	e anywhere from 8:00 ange anywhere from 4	AM to 5:00 PM :00 PM to close-up (9	:00 PM and beyond)			

EMPLOYMENT HISTORY: List your employment for the last 5 years. Begin with the most recent. Do not indicate "see resume". Use a separate piece of paper if you need extra space.

Are you currently employed? Yes () No () We routinely contact an applicants current employer for reference checks. Would this present and particular difficulty to you? Yes () No () If yes, please explain ______

Name and address of	Company			-
Employed from:	Employed to:	Title & Duties:		-
Starting Wage:	_ Final Wage:	Reason for Leaving:		
Telephone Number: Supervisor's Name:			-	
Name and address of	Company			-
Employed from:	Employed to:	Title & Duties:		-
Starting Wage: Final Wage: Reason for Leaving:				
Telephone Number: Supervisor's Name:				
Name and address of Company				
Employed from:	Employed to:	Title & Duties:		-
Starting Wage:	_ Final Wage:	Reason for Leaving:		
Telephone Number: Supervisor's Name:				

Name and address of	Company			
Employed from:	Employed to:	Title & Duties	:	
Starting Wage:	_ Final Wage:	Reason for Leav	ing:	
Telephone Number: _		Supervisor's	Name:	
Name and address of	Company			
Employed from:	Employed to:	Title & Duties	:	
Starting Wage:	_ Final Wage:	Reason for Leav	ing:	
Telephone Number: _		Supervisor's	Name:	
Name and address of	Company			
Employed from:	Employed to:	Title & Duties	:	
Starting Wage:	_ Final Wage:	Reason for Leav	ing:	
Telephone Number: _		Supervisor's	Name:	
Name and address of	Company			
Employed from:	Employed to:	Title & Duties	:	
Starting Wage:	_ Final Wage:	Reason for Leav	ring:	
Telephone Number: _		Supervisor's	Name:	
Name and address of	Company			
Employed from:	Employed to:	Title & Duties	:	
Starting Wage:	_ Final Wage:	Reason for Leav	ing:	
Telephone Number: _		Supervisor's	Name:	
	good choice for the			
REFERENCES:		Vears Known-	Telephone Number	
			Telephone Number	
			Telephone Number	
Name:			Telephone Number	
· · · · · · · · · · · · · · · · · · ·				

Employers have a legal duty in regard to each employee's safety. You, your fellow workers' and our members' and guests' safety is of utmost importance. It is neither beneficial for you or for us to place you in a job where you have a high risk of injury because of a physical or mental condition. As and equal opportunity employer, we consider applicants for employment regardless of their disabilities, however, in addition to our own requirement, the Americans with Disabilities Act also requires us to make certain that each employee is capable of performing the essential functions of the job with or without reasonable accommodation. Therefore you must be honest with us in regard to your personal evaluation as to your abilities to perform the essential functions as described below.

The position you are applying for requires continuous walking, standing, lifting, bending and other movement as well as verbal communication with coworkers and customers. In that regard do you have the physical and/or mental capabilities to perform the following essential functions of the job with or without reasonable accommodation?

Stand and/or walk for up to 8 hours?	Yes ()	No ()
Operate cash register and make change?	Yes ()	No ()
Work around temperatures of 100+ degrees?	Yes ()	No ()
Lift 40 Pounds?	Yes ()	No ()
Read and write English?	Yes ()	No ()
Twist upper torso 90 degrees?	Yes ()	No ()
Twist head and neck 90 degrees?	Yes ()	No ()
Climb a ladder and maintain balance?	Yes ()	No ()
Communicate effectively orally?	Yes ()	No ()
Capable of distinguishing various colors?	Yes ()	No ()
Mentally alert and capable of remembering names, details and oral instructions?	Yes ()	No ()
Listen to the needs and advice of co-workers and customers and be ware of surroundings?	Yes ()	No ()

I certify that all of the information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for the last 5 years of work experience and any relevant training on this application, and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably.

The Lewes Yacht Club is hereby authorized to make any investigation of my past employment (current employment if indicated previously that this would not pose any difficulty), educational, credit or criminal history through any investigative agencies or bureaus of it's choice. I release all relevant parties from all liability of any damages resulting from furnishing any information.

I understand that an offer of employment and continued employment with The Lewes Yacht Club is contingent of my furnishing satisfactory proof of my authorization to work in the United States.

If employed by The Lewes Yacht Club, I agree to abide by it's rules and regulations. I understand that the discovery of misrepresentation or omission of facts herein will make me ineligible for employment or will be cause for immediate dismissal regardless of when such misrepresentation of omission is discovered. I agree to furnish additional information as may be required to complete my employment file.

I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to cooperate if at all possible with my supervisor should such scheduling change be necessary.

I understand that incomplete or unsigned applications will not be considered and that false, incomplete or misleading statements are grounds for my immediate discharge.

I understand that this is an application for employment and that no employment contract either expressed or implied is being offered. I also understand that if employed, such employment is for an indefinite period and can be terminated at will by either party, with or without notice, at any time, for any or no reason, and is subject to change in wages, conditions, benefits and operating policies.

Date: ______ Signature: _____