



LAUDERDALE
YACHT CLUB

APPLICATION FOR EMPLOYMENT

NAME and ADDRESS

DATE

LAST NAME		FIRST NAME			INITIAL
STREET ADDRESS			CITY	STATE	ZIP
HOME PHONE	DAY TIME PHONE	EMAIL			

POSITION DESIRED

POSITION APPLIED FOR		FULL TIME_____ PART TIME_____ SEASONAL_____					
LIST HOURS AVAILABLE DAY:	MON	TUE	WED	THU	FRI	SAT	SUN EACH
FROM: _____							
TO: _____							
DATE AVAILABLE	ACCEPTABLE SALARY RANGE	HAVE YOU EVER BEEN EMPLOYED BY LYC?		IF YES, PLEASE GIVE DATES AND POSITION:			
		YES	NO				
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING HERE?		IF YES, PLEASE GIVE FULL NAME AND RELATIONSHIP:					
YES	NO						

EDUCATION

HIGH SCHOOL/ COLLEGE	DATES ATTENDED	MAJOR	DEGREE

HAVE YOU COMPLETED ANY FOOD SAFETY TRAINING? YES NO DATES:

HAVE YOU COMPLETED TIPS, TAM or BEST TRAINING? YES NO DATES:

PROFESSIONAL OR TRADE CERTIFICATES/LICENCES	DATE	CERTIFICATION

WHAT COMPUTER PROGRAMS ARE YOU PROFICIENT IN?

WORD	OTHERS:	OTHERS:
EXCEL		
POWERPOINT		

LIST ANY FURTHER SKILLS OR INFORMATION THAT YOU FEEL MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION:

WORK HISTORY

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS THAT INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, SEXUAL ORIENTATION, DISABILITY OR OTHER PROTECTED STATUS.

EMPLOYER	FROM	TO	WORK PERFORMED
ADDRESS			
TELEPHONE NUMBER(S)	SALARY		
JOB TITLE	SUPERVISOR	START	FINAL
REASON FOR LEAVING			
EMPLOYER	FROM	TO	WORK PERFORMED
ADDRESS			
TELEPHONE NUMBER(S)	SALARY		

JOB TITLE	SUPERVISOR	START	FINAL	
REASON FOR LEAVING				
EMPLOYER		FROM	TO	WORK PERFORMED
ADDRESS				
TELEPHONE NUMBER(S)		SALARY		
JOB TITLE	SUPERVISOR	START	FINAL	
REASON FOR LEAVING				
EMPLOYER		FROM	TO	WORK PERFORMED
ADDRESS				
TELEPHONE NUMBER(S)		SALARY		
JOB TITLE	SUPERVISOR	START	FINAL	
REASON FOR LEAVING				

REFERENCES

LIST THREE PROFESSIONAL REFERENCES. PEOPLE WITH WHOM YOU HAVE WORKED, PREFERABLY PRESENT OR FORMER SUPERVISORS.

NAME		PHONE		
COMPANY		POSITION	CITY	YRS KNOWN
NAME		PHONE		
COMPANY		POSITION	CITY	YRS KNOWN
NAME		PHONE		
COMPANY		POSITION	CITY	YRS KNOWN

QUESTIONNAIRE

ARE YOU 18 YEARS OR OLDER? _____ YES _____ NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME, WHICH HAS NOT BEEN EXPUNGED BY A COURT? (PRIOR CONVICTIONS WILL NOT NECESSARILY PROCLUDE A JOB OFFER.) IF YES, PLEASE EXPLAIN. (DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS.) _____ YES _____ NO

IS ANY INFORMATION CONCERNING A CHANGE OF NAME NECESSARY TO CHECK YOUR WORK HISTORY? IF YES, PLEASE EXPLAIN. _____ YES _____ NO

IF HIRED, WILL YOU BE ABLE TO PROVIDE EVIDENCE THAT YOU ARE LEGALLY PERMITTED TO WORK IN THE UNITED STATES? IF NO, PLEASE EXPLAIN. _____ YES _____ NO

UNDERSTANDINGS AND AGREEMENTS

IF AN OFFER OF EMPLOYMENT IS EXTENDED, YOU ARE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING PRIOR TO BEGINNING EMPLOYMENT WITH LYC. FAILURE TO SUBMIT TO AND/OR AUTHORIZE SUCH TESTING MAY RESULT IN THE APPLICANT NOT BEING HIRED. LIKEWISE, A POSITIVE TEST RESULT ON ANY DRUG TEST ADMINISTERED MAY RESULT IN AN APPLICANT NOT BEING HIRED.

I HAVE READ ALL PAGES OF THIS APPLICATION AND THE INFORMATION CONTAINED ON IT IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF I HAVE PROVIDED ANY FALSE INFORMATION, MISREPRESENTED ANY INFORMATION, OR OMITTED INFORMATION I HAVE BEEN ASKED TO PROVIDE, I MAY NOT BE HIRED OR, IF I HAVE BEEN HIRED, I WILL BE SUBJECT TO DISCHARGE.

I AUTHORIZE LYC TO INVESTIGATE ALL INFORMATION PROVIDED BY ME IN THIS APPLICATION. I AUTHORIZE LYC TO CONTACT ANY REFERENCES AND/OR FORMER EMPLOYERS WHICH HAVE BEEN IDENTIFIED, AND CONSENT TO THE DISCLOSURE AND RELEASE TO LYC OF ANY INFORMATION ABOUT ME IN THE POSSESSION OF ANY SUCH REFERENCES AND/OR FORMER EMPLOYERS WHETHER SUCH INFORMATION IS FAVORABLE OR UNFAVORABLE.

I UNDERSTAND THAT NOTHING IN THE APPLICATION PROCESS IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT AND THAT NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME. I UNDERSTAND THAT IF I AM EMPLOYED, IT WILL BE FOR NO SPECIFIC PERIOD OF TIME AND THIS EMPLOYMENT WILL BE TERMINABLE AT ANY TIME WITHOUT NOTICE OR ANY REASON OR FOR NO REASON OF CAUSE. I UNDERSTAND THAT NO EMPLOYEE HAS THE AUTHORITY TO ALTER THIS AT-WILL RELATIONSHIP. SHOULD AN EMPLOYMENT RELATIONSHIP BE ESTABLISHED, I AGREE TO CONFORM TO ALL RULES, REGULATIONS AND POLICIES OF LYC, AS SUCH RULES AND POLICIES MIGHT BE IMPLEMENTED AND/OR MODIFIED DURING MY EMPLOYMENT.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. OUR COMPANY POLICY, AS WELL AS FEDERAL, STATE AND/OR CITY LAWS, PROHIBIT DISCRIMINATION IN EMPLOYMENT BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, AGE, SEXUAL ORIENTATION, MARITAL STATUS OR DISABILITY.

APPLICANT'S NAME (PLEASE PRINT)

APPLICANT'S SIGNATURE

DATE