

**Whiskey Island Marina
2800 Whiskey Island
Cleveland, OH 44102**

EMPLOYMENT APPLICATION

PLEASE FILL IN ALL INFORMATION & PRINT IN INK OR TYPE. USE ADDITIONAL PAPER IF NECESSARY.

Any employment resulting from this application will be employment at will. This means that you have the right to terminate employment at any time for any reason, and the Company may exercise the same right.

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
PRESENT ADDRESS (Street)	(City / State)	(Zip)	HOME TELEPHONE NUMBER ()
LAST PREVIOUS ADDRESS (Street)	(City / State)	(Zip)	WORK TELEPHONE NUMBER () MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No

POSITION APPLIED FOR	SALARY / WAGE REQUESTED	EARLIEST DATE AVAILABLE
CHECK WHICH OF THE SHIFTS YOU ARE WILLING TO WORK IF APPLICABLE (check all that apply) <input type="checkbox"/> 1ST / DAYS <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD / NIGHTS <input type="checkbox"/> ROTATING SHIFTS <input type="checkbox"/> WEEKENDS / O.T.		
CHECK WHAT TYPE OF WORK YOU ARE LOOKING FOR (check all that apply) <input type="checkbox"/> FULL-TIME WORK <input type="checkbox"/> PART-TIME WORK <input type="checkbox"/> TEMPORARY WORK <input type="checkbox"/> CO-OP OR INTERN OPPORTUNITY <input type="checkbox"/> SEASONAL		
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, HAVE YOU APPLIED FOR WORK AUTHORIZATION <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YOU ARE NOT AT LEAST 18 YEARS OF AGE, WILL YOU BE ABLE TO FURNISH A WORK PERMIT AFTER EMPLOYMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU WILLING TO RELOCATE <input type="checkbox"/> Yes <input type="checkbox"/> No	GEOGRAPHICAL PREFERENCE	
ARE YOU ABLE TO TRAVEL IF REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No		
WHAT LED YOU TO APPLY FOR A POSITION WITH WHISKEY ISLAND MARINA (Check appropriate box) <input type="checkbox"/> AD <input type="checkbox"/> WALK IN <input type="checkbox"/> UNIVERSITY RECRUITING <input type="checkbox"/> INTERNET <input type="checkbox"/> EMPLOYEE REFERRAL – WHO _____ <input type="checkbox"/> JOB FAIR – LOCATION _____ <input type="checkbox"/> AGENCY / SEARCH FIRM – WHICH _____ <input type="checkbox"/> OTHER SOURCE (Please Specify) _____		

ARE YOU A FORMER EMPLOYEE OF WHISKEY ISLAND MARINA OR ANY OF ITS SUBSIDIARIES? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, COMPLETE THE FOLLOWING		
EMPLOYMENT DATES	JOB TITLE	LOCATION
PRIMARY REASON FOR LEAVING		

WITHIN THE LAST 7 YEARS HAVE YOU BEEN CONVICTED OF A FELONY OR FINISHED SERVING A PRISON SENTENCE FOR A FELONY CONVICTION? <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: Conviction of a felony is not an absolute bar to employment, however, a conviction may be relevant in determining the suitability of an applicant for a particular job. (You may answer "No" if your only felony conviction(s) has been annulled or expunged from court records or is contained in a sealed or juvenile record or you have been officially pardoned. For California applicants only , you may omit reference to any marijuana-related offenses if the date of the conviction is more than two years ago. If Yes, Please Explain:
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**All sections of this application must be completed in its entirety.
Attaching a resume does not meet this requirement.**

EDUCATION

HIGH SCHOOL	NAME OF HIGH SCHOOL	NO. OF YEARS ATTENDED	DIPLOMA OR GED RECEIVED <input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION	MAJOR/CONCENTRATION	GRADE POINT AVERAGE HIGHEST POSSIBLE GPA
BACHELOR OR ASSOCIATE DEGREE (ENTER HIGHEST)	NAME OF COLLEGE/UNIVERSITY	NO. OF YEARS ATTENDED	DEGREE
	LOCATION	MAJOR/CONCENTRATION	GRADE POINT AVERAGE HIGHEST POSSIBLE GPA
MASTERS or OTHER DEGREE	NAME OF COLLEGE/UNIVERSITY	NO. OF YEARS ATTENDED	DEGREE (credits earned if no degree)
	LOCATION	MAJOR/CONCENTRATION	GRADE POINT AVERAGE HIGHEST POSSIBLE GPA

COLLEGIATE EXTRACURRICULAR ACTIVITIES AND HONORS

LIST ANY PUBLISHED PAPERS, THESIS/DISSERTATION, OR HONORS YOU HAVE RECEIVED (IF THESIS OR DISSERTATION - INDICATE ADVISOR)

PROFESSIONAL CERTIFICATIONS, LICENSES AND ANY OFFICES HELD.

VOCATIONAL, MILITARY, OR TECHNICAL SCHOOL TRAINING AND BUSINESS SKILLS

TECHNICAL / VOCATIONAL / MILITARY / SCHOOL	NAME OF SCHOOL	DEGREE / CERTIFICATION	NO OF YEARS ATTENDED
	LOCATION	SKILLS OBTAINED	GRADE POINT AVERAGE HIGHEST POSSIBLE GPA
TECHNICAL / VOCATIONAL / MILITARY / SCHOOL	NAME OF SCHOOL	DEGREE / CERTIFICATION	NO OF YEARS ATTENDED
	LOCATION	SKILLS OBTAINED	GRADE POINT AVERAGE HIGHEST POSSIBLE GPA

LIST ALL BUSINESS MACHINES/SOFTWARE THAT YOU CAN PROFICIENTLY OPERATE

LIST ALL TECHNICAL/SHOP MACHINES THAT YOU CAN PROFICIENTLY OPERATE

EMPLOYMENT RECORDLIST ALL EMPLOYMENT FOR THE LAST SEVEN (7) YEARS WITH THE CURRENT / MOST RECENT POSITION FIRST.
TEN (10) YEARS IF APPLYING FOR A POSITION REQUIRING A CDL

DATES OF EMPLOYMENT (MO/YR) FROM	CURRENT / MOST RECENT EMPLOYER	YOUR RESPONSIBILITIES
TO	STREET ADDRESS / CITY / STATE	
STARTING BASE SALARY	YOUR TITLE	
ENDING BASE SALARY	NAME & TITLE OF SUPERVISOR	
OTHER COMPENSATION	PHONE NUMBER OF SUPERVISOR	
DATES OF EMPLOYMENT (MO/YR) FROM	EMPLOYER	YOUR RESPONSIBILITIES
TO	STREET ADDRESS / CITY / STATE	
STARTING BASE SALARY	YOUR TITLE	
ENDING BASE SALARY	NAME & TITLE OF SUPERVISOR	
OTHER COMPENSATION	PHONE NUMBER OF SUPERVISOR	
DATES OF EMPLOYMENT (MO/YR) FROM	EMPLOYER	YOUR RESPONSIBILITIES
TO	STREET ADDRESS / CITY / STATE	
STARTING BASE SALARY	YOUR TITLE	
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TO	STREET ADDRESS / CITY / STATE	
STARTING BASE SALARY	YOUR TITLE	
ENDING BASE SALARY	NAME & TITLE OF SUPERVISOR	
OTHER COMPENSATION	PHONE NUMBER OF SUPERVISOR	

PROFESSIONAL / BUSINESS REFERENCES WHO MAY BE CONTACTED BY WHISKEY ISLAND MARINA				
NAME	ADDRESS	PHONE NUMBER	OCCUPATION	PROFESSIONAL RELATIONSHIP

CERTIFICATION AND ACKNOWLEDGEMENT STATEMENT

I understand this is an Application for Employment only and is not an offer or commitment to hire.

I understand that any omission or misrepresentation by me in this application may be cause for immediate dismissal and that any offer of employment is contingent upon satisfactory results of a job-related medical examination where applicable, a urine drug screen by company-designated physician at company expense, where applicable, and a successful background investigation, where applicable. I understand I may be required to take and pass an employment test and/or provide a military discharge certificate before I begin employment.

All applicants for employment will be considered without regard to race, religion, color, national origin, sex, pregnancy status, marriage status, age, disability/handicap, veteran status, sexual orientation, or sexual affectation.

I authorize Whiskey Island Marina to verify information I provide on my employment application and to make whatever inquiries WHISKEY ISLAND MARINA considers appropriate concerning this information except information concerning HIV status, but including without limitation, my personal and employment references, public records, education and employment history. I authorize all my former employers, school officials and instructors, credit bureaus, local, state, and federal authorities, other persons named herein or subsequently provided as references, and other persons with information regarding my qualifications to give to WHISKEY ISLAND MARINA or its agents, any oral or written information they have regarding me. I also understand that as a condition of being considered for employment I may be requested to authorize the release of information to WHISKEY ISLAND MARINA and I will provide this authorization upon request. I hereby release these companies, organizations, agents, individuals, and WHISKEY ISLAND MARINA from any liability for any damage whatsoever resulting from the investigation, use or disclosure of such information.

I UNDERSTAND THIS APPLICATION, OR ANY EMPLOYMENT WITH WHISKEY ISLAND MARINA THAT RESULTS FROM THIS APPLICATION, DOES NOT CREATE A CONTRACT OF EMPLOYMENT FOR A FIXED PERIOD OF TIME. I UNDERSTAND AND AGREE THAT IF I DO BECOME EMPLOYED BY WHISKEY ISLAND MARINA, MY EMPLOYMENT WILL BE AT WILL. THIS MEANS I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON WITH OR WITHOUT NOTICE, AND THE COMPANY HAS THE SAME RIGHT. I UNDERSTAND AND AGREE ONLY THE PRESIDENT AND CEO OF WHISKEY ISLAND MARINA HAS AUTHORITY TO ENTER INTO ANY AGREEMENT WITH ME FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT WITH ME WHICH IS DIFFERENT FROM AT-WILL EMPLOYMENT. SUCH AN AGREEMENT MUST BE IN WRITING. NO REPRESENTATIVE OF WHISKEY ISLAND MARINA OTHER THAN THE PRESIDENT AND CEO OF WHISKEY ISLAND MARINA HAS THIS AUTHORITY. I UNDERSTAND WHISKEY ISLAND MARINA EMPLOYMENT POLICIES AND PROCEDURES, WHETHER IN ORAL OR WRITTEN FORMAT ARE MERELY GUIDELINES FOR MANAGERS AND EMPLOYEES, ARE NOT CONTRACTUAL IN NATURE, AND ARE NOT AN EMPLOYMENT CONTRACT OF ANY KIND OR FOR ANY SPECIFIC DURATION. I REPRESENT I CAN PERFORM THE JOB FOR WHICH I AM BEING CONSIDERED WITHOUT DISCLOSING TO WHISKEY ISLAND MARINA OR ITS EMPLOYEES ANY CONFIDENTIAL INFORMATION OR TRADE SECRETS I ACQUIRED DURING MY PREVIOUS EMPLOYMENT.

PLEASE BE SURE TO SIGN AND DATE THIS APPLICATION

I AUTHORIZE VERIFICATION OF <input type="checkbox"/> All information given <input type="checkbox"/> All information except present employer	SIGNATURE OF APPLICANT: I certify that all information I have provided on this Application for Employment was completed by me, including additional information I have attached, is true and complete to the best of my knowledge. By signing here, I agree that I have read, understand and consent to the "Certification and Acknowledgement Statement" above.	DATE
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ATTACH ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE

Whiskey Island Marina
2800 Whiskey Island
Cleveland, OH 44102

REFERENCE/BACKGROUND CHECK CONSENT FORM

I, _____, hereby authorize WHISKEY ISLAND MARINA and/or its agents to make an independent investigation of my background, references, past employment, education, credit (credit bureaus), criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment by WHISKEY ISLAND MARINA or any of its subsidiaries.

I release WHISKEY ISLAND MARINA and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

Please print clearly

Name: _____

Last

First

Middle

Maiden Name or Other Names Used

Present Address

City/State

Zip

How long at this address?

Former Address

City/State

Zip

How long at this address?

Former Address

City/State

Zip

How long at this address?

Social Security Number Date of Birth Driver's License Number State Issued

_____ Initial if it is permissible **TO CONTACT** your current employer.

The information provided above is my true and complete legal name(s) and all information is true and correct to the best of my knowledge:

Signature

Date