

GOODTIME III

Employment Application



If submitting digitally, please "SAVE AS" to your computer BEFORE filling in your responses.
After form is filled out completely RESAVE document as: FirstNameLastNameApplication2019. EX:JohnSmithApplication2019
Please confirm entries have save properly before sending. Email document to ---->bob@goodtimeiii.com<-----

APPLICANT INFORMATION

First Name		Last		M.I.		Date	
Street Address						Apartment/Unit #	
City				State		ZIP	
Phone				E-mail Address			
Do you know anyone that has worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?				
Are you eligible to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you 18 years of age or older?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever been convicted or pleaded no contest to a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

POSITION/AVILABILITY

Position applied for... (check all that interest you)	Deckhand <input type="checkbox"/>	Galley <input type="checkbox"/>	Security <input type="checkbox"/>	Manager <input type="checkbox"/>	Office <input type="checkbox"/>	
Are you available weekends, nights, Mother's Day (5/12), Father's Day (6/16), July 4 th , and Labor Day Weekend (8/30-9/2)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
What date are you available to start work?						
How late into our season can you work? (season ends 10/1/19)						
Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Are you willing to take a pre-employment drug test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Do you foresee any issue with being on a boat? (Sea sickness or motion sickness)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

EDUCATION

High School				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

Any Skills or Qualifications that you would like to share? (Licenses, Training, Awards, etc.)

REFERENCES

Full Name		Title	
Company		Phone	
Address			
Full Name		Title	
Company		Phone	
Address			
Full Name		Title	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT (MOST RECENT FIRST PLEASE)

Company		Phone	
Address		Supervisor	
Email	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Job Title	
Reason for Leaving			
Company		Phone	
Address		Supervisor	
Email	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Job Title	
Reason for Leaving			
Company		Phone	
Address		Supervisor	
Email	Starting Wage	\$	Ending Wage \$
Responsibilities			
From	To	Job Title	
Reason for Leaving			
May we contact any of your previous supervisors for a reference?			
		YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that information contained in this application is true and complete.
 I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired.
 I authorize the verification of any or all information listed above.

Signature

Date