

GOODTIME III

Employment Application

Please print clearly in black or blue ink. Sign and date the form.



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"/> Bartender (21+) <input type="checkbox"/> Manager <input type="checkbox"/> Office <input type="checkbox"/>									
Are you available weekends, nights, Mother's Day, Father's Day, July 4 th , and Labor Day Weekend?							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 October)									
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 NO

DISCLAIMER AND SIGNATURE

<p>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.</p>		<p>If submitting digitally, please "Save As" and title with the format: Firstname Lastname GT3 Application Example: John Doe GT3 Application Please confirm that your form entries have saved properly before sending. Email your application to jobs@goodtimeiii.com</p>		
Signature			Date	