White Bear Yacht Club

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

		Applicant In	nformation				
Full Name:			Date:				
Address	Last	First		<i>M.I.</i>			
Address:	Street Address				Apartment/Unit	#	
Phone:	City	1	Email	State	ZIP Code		
Date Available: So		Social Security No.:	ial Security No.:		Desired Wage:		
Position Appl	lying for:						
	a valid driver's license?	If no	o, please explain: _			_	
State any limi	itations on your working hours:						
Are you a citizen of the United States?		YES NO	If no, are you authorized to work in the U.S.?				
Have you eve	er worked for this company?	YES NO	If yes, when?				
unctions of th nvironment o	red "qualified" under the American he job with or without a reasonable or the way things usually are done to description you are given and ans	accommodation. "Reasona that enables a qualified indi	able accommodation ividual with a disabi	n" is a modification	or adjustment to a job,	the work	
Can you perfo	orm the essential functions of the	position for which you h	ave applied, with c	or without an accord	mmodation by the con	npany?	
Other Special	Qualifications or Job-Related S	kills:					
		Educa	ation				
High School:		Address:					
From:	То:	Did you graduate?	YES NO	Diploma::			
College:		Address:					
From:	То:	Did you graduate?	YES NO	Degree:			

Address:

Did you graduate?

YES

NO

Degree:

Other:

From:

To:

Employment History									
Company:					Phone:				
Address:		Supervisor:							
Job Title:		Ending Salary: <u>\$</u>							
Responsibilities:									
From:	To: Reason for Leaving:								
May we contac	ct your previous supervisor for a reference?	YES		NO □					
Company:					Phone:				
Address:					Supervisor:				
Job Title:		Starting Salary:			Ending Salary: <u>\$</u>				
Responsibilities:									
From:	To: Reason for Leaving:								
May we contac	et your previous supervisor for a reference?	YES		NO					
Company:					Phone:				
Address:					Supervisor:				
Job Title:		Ending Salary:							
Responsibilities:									
From:	To: Reason for Leaving:								
May we contac	ct your previous supervisor for a reference?	YES		NO					
Disclaimer and Signature									

I certify that the information contained in this application is correct to the best of my knowledge. I understand that any misstatement or omission of information is grounds for dismissal. I authorize investigation of all statements contained in this application, and understand my employment is contingent upon satisfactory completion of such investigation. I further authorize the employers listed herein to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing that information to you. I understand that my employment and compensation will be "at will" and can be terminated by the employer or associate with or without cause. Further, I understand that the application form does not bind the employer or associate to any specific terms, conditions or period of employment and that any oral statements or promises to the contrary are not binding upon the employer.

Signature:

Date: