



# EMPLOYMENT APPLICATION

**Our Quality Team Makes the Difference! We're an Equal Opportunity Employer.**

**PLEASE FILL OUT BOTH SIDES OF THE APPLICATION COMPLETELY.**

TODAY'S DATE	PHONE NUMBER ( ) ( )	ALTERNATE PHONE NUMBER ( ) ( )	<b>FOR OFFICE USE ONLY</b>	TRACKING NUMBER
LAST NAME		FIRST NAME		MIDDLE INITIAL
ADDRESS		CITY	STATE	ZIP
PREVIOUS ADDRESS		CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER		STATE THAT ISSUED DRIVER'S LICENSE	

**NOTE:** If hired, federal law requires that you furnish documentation establishing your identity and eligibility to work in the United States.

DO YOU HAVE UNITED STATES CITIZENSHIP OR AUTHORIZATION FROM THE IMMIGRATION AND NATURALIZATION SERVICE TO WORK IN THE U.S.?  YES  NO

POSITION PREFERRED: **NOTE:** Indication of preferred position is not to be construed as a guarantee of that position if hired.

Management  Host  Bartender  Server  Busser  Food Preparation  Cook  Dishwasher  Other \_\_\_\_\_

Do you want full-time employment?  YES  NO      Will you accept part-time employment?  YES  NO

Were you previously employed by CYC?  YES  NO  
If yes, list dates From \_\_\_\_\_ To \_\_\_\_\_ If yes, list position(s) \_\_\_\_\_

Have you ever applied at CYC?  YES  NO  
If yes, when? Date \_\_\_\_\_ If yes, for what position(s)? \_\_\_\_\_

What other employment or "Side Line" of business do you have? \_\_\_\_\_ Number of hours per week? \_\_\_\_\_  
Would you want to continue this employment if employed by CYC?  YES  NO

Have you ever been convicted of a crime?  YES  NO  
If yes, list dates and details \_\_\_\_\_

How were you referred to CYC?  Employee  Friend  School  Agency  Ad  Other  
Name \_\_\_\_\_ Name \_\_\_\_\_ Paper \_\_\_\_\_ Explain \_\_\_\_\_

List any friends or relatives working for CYC:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work Location \_\_\_\_\_ Position \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work Location \_\_\_\_\_ Position \_\_\_\_\_

List two (2) personal references:

1. Name \_\_\_\_\_ How long \_\_\_\_\_ yrs. Profession \_\_\_\_\_ Phone \_\_\_\_\_  
2. Name \_\_\_\_\_ How long \_\_\_\_\_ yrs. Profession \_\_\_\_\_ Phone \_\_\_\_\_

**EDUCATION / COURSE OF STUDY**

Type of School:	Name and Location of School:	Dates:	Did you graduate?	Course of Study/Degree Received:
High School	_____	From _____ To _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Technical or Business	_____	From _____ To _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
College or University	_____	From _____ To _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

**FOR INTERVIEWER'S USE ONLY**

DATE INTERVIEWED	INTERVIEWER	STARTING WAGE DESIRED \$ _____ PER <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> YR	POSITION APPLIED FOR <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> MGMT <input type="checkbox"/> HOURLY	DATE AVAILABLE TO START	UNIT/GEOGRAPHIC INTEREST			
APPLICANT TIME AVAILABILITY	DAY FROM TO	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> MRV <input type="checkbox"/> CREDIT CHECK <input type="checkbox"/> CRIMINAL HISTORY <input type="checkbox"/> PHYSICAL <input type="checkbox"/> JOB REFERENCE <input type="checkbox"/> STANTON								
GENERAL APPLICANT INFORMATION:								
C/O DATE:			REFERRED TO:			REFERRED DATE:		

**CONTINUED ON OTHER SIDE**

**EMPLOYMENT HISTORY**  
**List past and present employers beginning with most recent. Include U.S. Military experience.**

COMPANY	ADDRESS, CITY, STATE	IMMEDIATE SUPERVISOR	SUPERVISOR TITLE	COMPANY PHONE NUMBER (    )
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POSITION HELD (JOB TITLE)  <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	JOB RESPONSIBILITIES	REASON FOR LEAVING
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DATES OF EMPLOYMENT From ___/___/___ To ___/___/___	PAY RATE To Start \$ _____ Upon Leaving \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMPANY	ADDRESS, CITY, STATE	IMMEDIATE SUPERVISOR	SUPERVISOR TITLE	COMPANY PHONE NUMBER (    )
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Any period of unemployment?  YES  NO If yes, please explain and give dates.

Please list any skills, hobbies, abilities, training, etc. which you feel may be an asset. (Example: business machines, volunteer work, additional languages, data processing, clerical, etc.)

**PLEASE READ THE FOLLOWING AND SIGN BELOW**

I acknowledge that facts set forth on this application are true and complete. I understand that if employed, any false statement or omission on this application or any attachment shall be sufficient cause for dismissal. I understand that The Cleveland Yachting Club facilities operate 7 days per week and that if I am employed by The Cleveland Yachting Club, I may be scheduled to work any time or day of the week, including holidays.

I understand that before I am hired, The Cleveland Yachting Club may require me to undergo a physical examination and/or drug or alcohol test. I agree to take such an examination and/or test. I also understand that if I am hired, The Cleveland Yachting Club may require me to undergo a drug and/or alcohol test at any time during my employment. I agree to take such a test.

I authorize The Cleveland Yachting Club to use its personnel or any investigative agency to investigate my employment record, health, education, criminal conviction record and financial record. I also authorize all my employers and former employers, references, credit reporting agencies/bureaus, medical facilities, educational institutions and any other person(s) contacted by The Cleveland Yachting Club to provide The Cleveland Yachting Club with all records and information relevant to my employment application with The Cleveland Yachting Club. I release all parties who provide records or information from all liabilities arising from such disclosures; and I waive any rights to notice of such disclosures. If hired, I agree to sign and abide by The Cleveland Yachting Club's Trade Secret Acknowledgement/Anti-Competition Restriction Agreement.

If I am hired into or later transferred to a non-bargaining unit position, I agree to arbitrate any claim, controversy, dispute or complaint arising out of or relating to the termination of my employment under any company arbitration policy and/or procedure which exists at the time of the termination of my employment and for which I am eligible. I authorize The Cleveland Yachting Club to copy this document and agree that such copies with my signature shall have the same legal force and effect as the original document with my signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_