



**EMPLOYMENT EXPERIENCE**

List each job held. Start with your present or last job. Include military experience. If known by any other name, please indicate.

Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title	SALARY		
	START	FINAL	
Supervisor Telephone Number			
Reason For Leaving			

May we make inquiries of this employer?  Yes  No

Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title	SALARY		
	START	FINAL	
Supervisor Telephone Number			
Reason For Leaving			

May we make inquiries of this employer?  Yes  No

Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title	SALARY		
	START	FINAL	
Supervisor Telephone Number			
Reason For Leaving			

May we make inquiries of this employer?  Yes  No

Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title	SALARY		
	START	FINAL	
Supervisor Telephone Number			
Reason For Leaving			

May we make inquiries of this employer?  Yes  No

**ADDITIONAL EXPERIENCE**

Memberships in Organizations/Professional groups, which in your opinion have a direct bearing on the position you, are seeking. \_\_\_\_\_

Are you a veteran of the U.S. Military Service?  Yes  No If Yes, what branch of the service? \_\_\_\_\_

If yes, beginning date and ending date of active duty: From: \_\_\_\_\_ To: \_\_\_\_\_  
Year/Month Year/Month

Date of Discharge from Military Service: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you ever been dismissed or forced to resign from any employment?  Yes  No If Yes, please explain.

Are you now employed?  Yes  No Are you on layoff and subject to recall?  Yes  No

May we contact your present employer?  Yes  No Previous employers?  Yes  No

Please identify any exceptions and reasons for not contacting prior employers: \_\_\_\_\_

Can you travel if the job requires it?  Yes  No

Can you work overtime if asked?  Yes  No

Are there any hours, shifts, or days you will not work?  Yes  No If Yes, please explain: \_\_\_\_\_

What foreign languages do you speak, read, or write? \_\_\_\_\_

Do you have any friends or relatives who work here?  Yes  No

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

**REFERENCES**

List three business related Supervisors or co-worker whom you have worked with.

NAME	ADDRESS AND <u>TELEPHONE</u>	OCCUPATION
1.	_____	_____
2.	_____	_____
3.	_____	_____

List below any other information that you wish to have considered as a part of your application for employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear of Captain Hiram's Resort? \_\_\_\_\_

Who referred you? \_\_\_\_\_

Have you filed an application here before?  Yes  No If Yes, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give dates: From: \_\_\_\_\_ To: \_\_\_\_\_

## NOTICE TO APPLICANTS

We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this Employer depends solely on your qualifications.

## PLEASE READ AND SIGN STATEMENTS BELOW

I understand that in accordance with Florida Statute §443.131(3)(a)(2), if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. \_\_\_\_\_  
(Initials)

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification, or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that my employment may be terminated at my option or at the option of **Captain Hiram's Sebastian Inlet Marina** with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There should be no amendments or exceptions to this statement unless they are in writing and signed by the president. \_\_\_\_\_ (initials)

I understand that it is required to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-employment process. In addition, all employees are subject to blood and/or urinalysis screening for drug or alcohol use, at the employer's discretion. \_\_\_\_\_  
(initials)

I certify that all information given on this employment application; any resume that I submit to the company; and any related papers and answers given during oral interviews are true and correct. I understand that **Captain Hiram's Sebastian Inlet Marina** will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company during the course of such an investigation. I understand that falsification of any information given by others during the course of such an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation. \_\_\_\_\_ (initials)

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