



# Annapolis Yacht Club

2 Compromise Street, Annapolis, MD 21401 (410) 263-9279

## APPLICATION FOR EMPLOYMENT

DATE \_\_\_\_\_

LAST NAME		FIRST NAME		INITIAL
STREET ADDRESS			CITY	STATE ZIP
HOME PHONE		DAY TIME PHONE	SOCIAL SECURITY NUMBER	
POSITION APPLIED FOR		FULL TIME ____ PART TIME ____ SEASONAL ____		
DATE AVAILABLE	ACCEPTABLE SALARY RANGE	I HAVE PREVIOUSLY APPLIED FOR EMPLOYMENT YES NO		DATE APPLIED OR EMPLOYED
HIGH SCHOOL/ COLLEGE	DATES ATTENDED	MAJOR	DEGREE	
PROFESSIONAL OR TRADE CERTIFICATES/LICENCES		DATE	CERTIFICATION	
PROFESSIONAL ORGANIZATIONS TO WHICH YOU BELONG (DO NOT LIST RELIGIOUS, RACIAL, FOREIGN OR NATIONALITY GROUPS)				
NAME OF ORGANIZATION	NATURE OF ACTIVITY	FROM	TO	

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS THAT INDICATE RACE, COLOR, RELIGION, GENDER NATIONAL ORIGIN, SEXUAL ORIENTATION, DISABILITY OR OTHER PROTECTED STATUS.

EMPLOYER		FROM	TO	WORK PERFORMED
ADDRESS				
TELEPHONE NUMBER(S)		SALARY		
JOB TITLE	SUPERVISOR	START	FINAL	
REASON FOR LEAVING				

EMPLOYER		FROM	TO	WORK PERFORMED
ADDRESS				
TELEPHONE NUMBER(S)		SALARY		
JOB TITLE	SUPERVISOR	START	FINAL	
REASON FOR LEAVING				

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ADDRESS				
TELEPHONE NUMBER(S)		SALARY		
JOB TITLE	SUPERVISOR	START	FINAL	
REASON FOR LEAVING				

EMPLOYER		FROM	TO	WORK PERFORMED
ADDRESS				
TELEPHONE NUMBER(S)		SALARY		
JOB TITLE	SUPERVISOR	START	FINAL	
REASON FOR LEAVING				

REFERENCES

NAME			PHONE	
STREET ADDRESS		CITY	STATE	ZIP

NAME			PHONE	
STREET ADDRESS		CITY	STATE	ZIP

NAME			PHONE	
STREET ADDRESS		CITY	STATE	ZIP

PLEASE LIST ANY FURTHER INFORMATION THAT YOU FEEL MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION.

ARE YOU 18 YEARS OR OLDER? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME, WHICH HAS NOT BEEN EXPUNGED BY A COURT? (PRIOR CONVICTIONS WILL NOT NECESSARILY PROCLUDE A JOB OFFER.) IF YES, PLEASE EXPLAIN. (DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS.) \_\_\_\_\_ YES \_\_\_\_\_ NO

IS ANY INFORMATION CONCERNING A CHANGE OF NAME NECESSARY TO CHECK YOUR WORK HISTORY? IF YES, PLEASE EXPLAIN. \_\_\_\_\_ YES \_\_\_\_\_ NO

IF HIRED, WILL YOU BE ABLE TO PROVIDE EVIDENCE THAT YOU ARE LEGALLY PERMITTED TO WORK IN THE UNITED STATES? IF NO, PLEASE EXPLAIN. \_\_\_\_\_ YES \_\_\_\_\_ NO

IF AN OFFER OF EMPLOYMENT IS EXTENDED, YOU ARE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT DRUG AND ALCOHOL SCREENING PRIOR TO BEGINNING EMPLOYMENT WITH AYC. FAILURE TO SUBMIT TO AND/OR AUTHORIZE SUCH TESTING MAY RESULT IN THE APPLICANT NOT BEING HIRED. LIKEWISE, A POSITIVE TEST RESULT ON ANY DRUG TEST ADMINISTERED MAY RESULT IN AN APPLICANT NOT BEING HIRED.

I HAVE READ ALL PAGES OF THIS APPLICATION AND THE INFORMATION CONTAINED ON IT IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF I HAVE PROVIDED ANY FALSE INFORMATION, MISREPRESENTED ANY INFORMATION, OR OMITTED INFORMATION I HAVE BEEN ASKED TO PROVIDE, I MAY NOT BE HIRED OR, IF I HAVE BEEN HIRED, I WILL BE SUBJECT TO DISCHARGE.

I AUTHORIZE AYC TO INVESTIGATE ALL INFORMATION PROVIDED BY ME IN THIS APPLICATION. I AUTHORIZE AYC TO CONTACT ANY REFERENCES AND/OR FORMER EMPLOYERS WHICH HAVE BEEN IDENTIFIED, AND CONSENT TO THE DISCLOSURE AND RELEASE TO AYC OF ANY INFORMATION ABOUT ME IN THE POSSESSION OF ANY SUCH REFERENCES AND/OR FORMER EMPLOYERS WHETHER SUCH INFORMATION IS FAVORABLE OR UNFAVORABLE.

I UNDERSTAND THAT NOTHING IN THE APPLICATION PROCESS IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT AND THAT NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME. I UNDERSTAND THAT IF I AM EMPLOYED, IT WILL BE FOR NO SPECIFIC PERIOD OF TIME AND THIS EMPLOYMENT WILL BE TERMINABLE AT ANY TIME WITHOUT NOTICE OR ANY REASON OR FOR NO REASON OF CAUSE. I UNDERSTAND THAT NO EMPLOYEE HAS THE AUTHORITY TO ALTER THIS AT-WILL RELATIONSHIP. SHOULD AN EMPLOYMENT RELATIONSHIP BE ESTABLISHED, I AGREE TO CONFORM TO ALL RULES, REGULATIONS AND POLICIES OF AYC, AS SUCH RULES AND POLICIES MIGHT BE IMPLEMENTED AND/OR MODIFIED DURING MY EMPLOYMENT.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER. OUR COMPANY POLICY, AS WELL AS FEDERAL, STATE AND/OR CITY LAWS, PROHIBIT DISCRIMINATION IN EMPLOYMENT BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, AGE, SEXUAL ORIENTATION, MARITAL STATUS OR DISABILITY.**

\_\_\_\_\_  
**APPLICANT'S NAME (PLEASE PRINT)**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**