EMPLOYMENT APPLICATION

Jersey Cape Yachts, Inc. 2143 River Road Lower Bank, NJ 08215 609-965-8650 fax 609-965-7480 www.jerseycapeyachts.com



PERSONAL INFORMATION DATE: **FULL NAME** SOCIAL SECURITY NO. **ADDRESS** CITY STATE ZIP PHONE CELL REFFERRED BY: EMPLOYMENT DESIRED POSITION DATE YOU CAN START SALARY DESIRED ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER **EVER APPLIED TO THIS** WHEN? WHERE? COMPANY BEFORE? **EDUCATION HISTORY** HIGH SCHOOL YEARS ATTENDED GRADUATE? COLLEGE YEARS ATTENDED GRADUATE? TRADE OR BUSINESS SCHOOL YEARS ATTENDED GRADUATE? **GENERAL INFORMATION** SUBJECTS OF SPECIAL STUDY, TRAINING OR SKILLS **REFERENCES** Below give the names of three persons not related to you, whom you have known at least one year ADDRESS BUSINESS NAME YEARS ADDRESS **BUSINESS** NAME YEARS NAME ADDRESS BUSINESS YEARS

FORMER	EMPLOYE	RS Below list your las	st four employe	rs starting [,]	with the most rece	nt	
START	LEAVE	NAME & ADDRESS	, ,	SALARY	POSITION	REASON FOR LEAVING	
START	LEAVE	NAME & ADDRESS		SALARY	POSITION	REASON FOR LEAVING	
START	LEAVE	NAME & ADDRESS		SALARY	POSITION	REASON FOR LEAVING	
START	LEAVE	NAME & ADDRESS		SALARY	POSITION	REASON FOR LEAVING	
US MILITA	ARY SERV	CE				_	
SERVICE		RANK	RANK		DISCHARGED?, TYPE		
I also under employment and signed This waive	erstand and nt for any s d by an auth r does not	statements on this application of agree that no representative of pecified period of time, or to morized company representative permit the release uf use of distillities Act (ADA) and other rele	of the company take any agreet e. sability-relted or	has any a ment contr r medical in	uthority to enter int ary to the foregoing nformation in a ma	g unless it is in writing	
DO NOT WRITE BELOW THIS LINE							
REMARKS							
NEATNESS CHARACTER				АВ		ABILITY	
HIRED		FOR DEPT?	POSITION		WILL REPORT	SALARY/WAGES	
APPROVE	ED:		1				
1)		2)			3)		

MANAGER

MANAGER

DEPARTMENT HEAD