



Employment Application Form

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Applicant Information			
Name (Last, First, Middle)	Social Security No	Date of Birth (mm/dd/yyyy)	
Street Address and/or Mailing Address	City	State	Zip Code
Primary Phone Number	Secondary Phone Number	Referred By	
Email Address:	Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever served in the US Military? Yes <input type="checkbox"/> No <input type="checkbox"/>	Rank Obtained		
Have you ever been convicted of a felony? (This will not necessarily disqualify an applicant for employment) Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please explain.		

Job Information		
Position Applying For	Have you ever worked for Bonita Boats previously? Yes <input type="checkbox"/> No <input type="checkbox"/>	Notice Period Required
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employers Phone Number

Education/Qualifications <small>List any training you feel relates to the position, such as schools, colleges, vocational or technical programs.</small>			
School Name and Location	Years Attended	Degree/Field of Study	Did You Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list any specific skills or experience that you feel would help you in the position that you are applying for.			

Work History Please start with your present or most recent employment and work backwards.

Job Title/Position #1	Start Date	End Date
Company Name	Address	
Duties:		Reason for Leaving
Job Title/Position #2	Start Date	End Date
Company Name	Address	
Duties:		Reason for Leaving
Job Title/Position #3	Start Date	End Date
Company Name	Address	
Duties:		Reason for Leaving

References If possible, please list three professional references not related to you, with full name, address, phone number, and relationship.

Name	Company	Phone Number	Relationship

Applicant Statement

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Full Name: _____ **Date:** _____