

Leeward Yacht Club

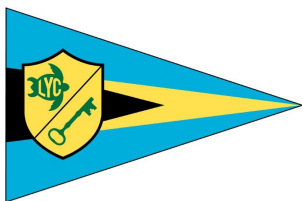
Green Turtle Cay, Abaco, Bahamas
APPLICATION FOR EMPLOYMENT



Photo ID Required

Incomplete Forms are not accepted and will not be considered.
Read carefully and PRINT clearly using a blue or black pen.

Name:			
(First)		(Middle)	(Last)
Address:			
(Street)		(City)	(Island/State) (Zip Code)
Telephone Number:		Alternate Telephone Number:	
Date of Application:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> As Needed	
Date of Birth (MM/DD/YY) :		Date Available to Start:	
Position Applied For:		Expected Rate of Pay:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	Weight:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Mother's Name:		Father's Name:	
Smoker: <input type="checkbox"/> Yes <input type="checkbox"/> No		Physical Limitations: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain.	
Please list any relatives that work at Leeward Yacht Club:			
Emergency Contact Name:		Emergency Contact Phone Number:	
Have you ever been convicted of a crime or presently charged with a crime or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Police Character Reference Certificate Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License Number: (Copy Required)	
Passport Number: (Copy Required)		Do you have a VISA to travel to the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Department Certificate Number: (Copy required for employment in Food and Beverage Departments)			
Have you missed any work in the past year due to illness? <input type="checkbox"/> Yes <input type="checkbox"/> No How many days? ____ Explain:			
Have you ever received compensation for injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			
Special Skills and Qualifications, Employment, Education or Certificates: (attach copies of certificates or diplomas)			



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CURRENT Employer and Address: _____
Employed From _____ to _____ Rate of Pay: _____ Job Title: _____
Supervisor's Name: _____ Phone Number: _____
Reason for Leaving: _____

PREVIOUS Employer and Address: _____
Employed From _____ to _____ Rate of Pay: _____ Job Title: _____
Supervisor's Name: _____ Phone Number: _____
Reason for Leaving: _____

PREVIOUS Employer and Address: _____
Employed From _____ to _____ Rate of Pay: _____ Job Title: _____
Supervisor's Name: _____ Phone Number: _____
Reason for Leaving: _____

High School Name: _____
Grade Completed (Circle One) 9, 10, 11, 12
Course of Study: _____
Supervisor's Name: _____ Phone Number: _____

College Name: _____
Years Completed: (Circle One) 1, 2, 3, 4
Course of Study: _____
Supervisor Name: _____ Phone Number: _____

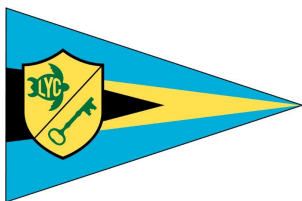
Resort and Marina employees must be available to work days, nights, weekends and holidays as staffing is required to service our guests 24/7/365. Advise of specifics where you may not be able to work which may limit our ability to employ you.

I certify that the facts contained in this applications are true and falsifying any part of this application will make me ineligible to be hired:

Applicant's Name Printed

Date

Applicant's Signature



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