

POINT ROBERTS MARINA APPLICATION FOR EMPLOYMENT

Worksite Location: 713 Simundson Drive, Point Roberts, Washington 98281

Position applying for: _____

Application Date: _____

As an employer, we appreciate your taking the time to fill out this application. It is important that all questions be answered completely and accurately. In filling out this form, if there is insufficient space to complete the answer, please continue on a separate piece of paper. We are an Equal Opportunity Employer, and we comply with applicable federal, state and local laws, regulations and ordinances which prohibit discrimination against qualified applicants and employees.

P E R S O N A L	Last Name	First	Middle	Date ____/____/____
	Street Address			Home Phone # ()
	City, State, Zip			Present Work Phone # ()
	Have you ever applied for employment or been employed with POINT ROBERTS MARINA? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for leaving: _____ If yes: Month and Year _____			Social Security #
	Have you ever used another name in work, school or business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list other name(s) and circumstances.			Are you at least age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If not, employment is subject to verification of age.)</i>
	Do you have relatives currently employed with Point Roberts Marina? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them: _____			Date you are available to begin work: ____/____/____
	Are you willing to work flexible hours (including weekends and/or overtime)? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____			Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you plan to engage in other work while in our employ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the work along with the hours and days of the week involved: _____			Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much?
	Have you ever been in the United States Military service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates of service: From _____ to _____			
	What languages (including English) do you speak, read or write proficiently?			
	LANGUAGES:			
		SPEAK	READ	WRITE
	English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you engage in the illegal use of drugs (i.e. marijuana, cocaine, LSD, heroin, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you willing to be tested for the illegal use of drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever (check all that apply):				
<input type="checkbox"/> been convicted	<input type="checkbox"/> pled guilty	<input type="checkbox"/> pled no contest/nolo contendere	<input type="checkbox"/> court-ordered community supervision	
<input type="checkbox"/> deferred adjudication	<input type="checkbox"/> probation	<input type="checkbox"/> pretrial diversion	<input type="checkbox"/> any other alternative program	
for any crime (misdemeanors and felonies)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please list below all misdemeanors and felonies (other than parking tickets and minor driving violations), including year, location and type of crime.				

P R O B A L	Are you currently serving (check all that apply): <input type="checkbox"/> probation <input type="checkbox"/> deferred adjudication <input type="checkbox"/> court-ordered community supervision <input type="checkbox"/> parole <input type="checkbox"/> pretrial diversion or <input type="checkbox"/> any other alternative program for any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
	Conviction of a crime is not an automatic bar to consideration for employment, except for specific crimes where employment is prohibited by state or federal laws. Factors such as age at time of conviction, length of time since offense, nature and seriousness of offense, and rehabilitation will be considered.
	How were you referred to us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Agency <input type="checkbox"/> Other
	Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____
	Notify in case of emergency: Name _____ Relationship _____ Home Phone # (_____) _____ Work Phone # (_____) _____ Address: _____

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
	Graduate	Name: _____ City/State: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College	Name: _____ City/State: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical	Name: _____ City/State: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School	Name: _____ City/State: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other:	Name: _____ City/State: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have any professional or vocational licenses (real estate, plumbing, electrician, air conditioning, pest control applicator, etc.) or certifications (such as CAM, CAMT, NALP, or CPM) that relate to the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe below.																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;"><u>Type of License or Certification</u></th> <th style="width: 20%;"><u>From what city, state agency, or organization</u></th> <th style="width: 15%;"><u>Date issued (if applicable)</u></th> <th style="width: 20%;"><u>License Number</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Type of License or Certification</u>	<u>From what city, state agency, or organization</u>	<u>Date issued (if applicable)</u>	<u>License Number</u>												
<u>Type of License or Certification</u>	<u>From what city, state agency, or organization</u>	<u>Date issued (if applicable)</u>	<u>License Number</u>													
Have you ever had a professional or vocational license or certification (if any) revoked, denied, suspended or curtailed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____																

2	Company Name	Telephone ()
	Address City, State, Zip	Employed - (State month and year) From To
	Name of Supervisor	Salary: Start End
	Job Title and Duties:	Reason for leaving: <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Quit without notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid off <input type="checkbox"/> Other

3	Company Name	Telephone ()
	Address City, State, Zip	Employed - (State month and year) From To
	Name of Supervisor	Salary: Start End
	Job Title and Duties:	Reason for leaving: <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Quit without notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid off <input type="checkbox"/> Other

4	Company Name	Telephone ()
	Address City, State, Zip	Employed - (State month and year) From To
	Name of Supervisor	Salary: Start End
	Job Title and Duties:	Reason for leaving: <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Quit without notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid off <input type="checkbox"/> Other

<p>We may contact the employers listed above unless you indicate those you do not want us to contact. (Permission to contact your current employer for a reference check will be required before hiring.)</p>	DO NOT CONTACT
	<p>Employer Number(s)</p> <p>Reason:</p>
<u>Explain all gaps in employment shown above (if more than 1 full month):</u>	
OTHER QUALIFICATIONS:	Please list any other information about your personal qualities, work skills, or other abilities which you believe should be considered in evaluating your qualifications for employment:

NOTE TO APPLICANT: Complete this page after completing the first four (4) pages of the Employment Application.

AUTHORIZATION BY EMPLOYMENT APPLICANT

Employers Name: PR MARINA LIMITED PARTNERSHIP Date: _____
dba POINT ROBERTS MARINA RESORT

Applicant's full name: _____
(Please use complete names rather than initials.)

As the Applicant named above, I authorize the Employer and/or its agents to:

Obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resume, or biographical sheet submitted by Applicant;

Obtain information regarding my work habits, skills, and conduct from my past and present employers, as well as listed or developed references or institutions;

Obtain information from all law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations;

Obtain information from educational institutions concerning my educational record, conduct, and skills; and

Obtain records of my employment, including income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for purposes of my prospective employment or for the employment purposes of promotion, reassignment or retention as an employee. Authority to obtain such work history information expires 365 days from the date of this application.

I further authorize all institutions, agencies, companies, or persons referred to above, to give the Employer and/or its agents all information requested. I release the Employer, its agents and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing information. A copy of this authorization and release shall be as valid as the original.

I understand that I may be asked to sign a separate authorization form prior to any testing for the current illegal use of drugs.

I understand that if I receive a conditional offer of employment, I may be asked to sign a separate authorization form prior to any medical examination.

I understand that I will be provided a separate disclosure and authorization form if the Employer elects to obtain consumer reports, including but not limited to criminal, income and work history reports, for employment purposes under the federal Fair Credit Reporting Act.

Applicant's Signature

Social Security Number

Applicant's Printed Name

Driver's License Number
(or alternative identification)

Street Address

State Issuing Driver's License
(or alternative identification)

City/State/Zip Code

Date of Birth (MM/DD/YYYY)

NOTE TO APPLICANT: Complete this page after completing the first five (5) pages of the Employment Application.

CERTIFICATION BY EMPLOYMENT APPLICANT

For purposes of this certification, the term [Application] includes this employment application form and any supplemental questionnaire, exhibit, resume, biographical sheet, or other documents submitted by Applicant.

I certify that all information given on this application and in any resumes and exhibits submitted to the Employer is true, correct, and complete. I have accounted for all of my work experience, training, and other information requested on this application. I have not withheld any fact or circumstance which is covered by this application.

I understand that any false, misleading, or incomplete information on this application will result in rejection of my application or termination of my employment whenever discovered.

I understand that I may be asked to take job-related written tests and skill tests (if applicable) for the position for which I am applying. If I refuse to be tested, I understand that I will not be further considered for employment.

I understand that I may be required to produce my driver's license or other identification card to verify my identity.

If I am considered for employment, I authorize any inquiry to be made about any information contained in this application. I agree to furnish additional information as may be requested, and I authorize the Employer and agencies or companies of the Employer's choice to investigate all information on this application. I authorize the Employer to use any information obtained during the investigation for all matters relating to my suitability for initial or continued employment. I release the Employer and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing such information.

I understand that before or after receiving any offer of employment, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by the Employer. I understand that the reason for such testing is that the Employer endeavors to operate its business in a safe manner for all employees, customers, tenants, visitors, and/or guests. The results of such testing will be communicated to the Employer or its agents. If I refuse to be tested or if I produce a positive test result for the current illegal use of drugs, I understand that I will not be further considered for employment.

If I receive a conditional offer of employment, I understand that I may be asked to have a medical examination performed by a medical practitioner who is chosen and paid for by the Employer. I further understand I may be asked to complete a medical questionnaire or answer medical inquiries proposed by the Employer. The results of such examinations and/or questions will be communicated to the Employer or its agents. If I refuse to submit to a medical examination or respond to medical questions, I understand that I will not be further considered for employment.

If I am employed, I understand that I will be asked to sign a federal I-9 form and to provide positive proof of my identity and verification of my right to work in the U.S.A.

If I am employed, I understand that I must abide by the Employer's rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that the job being applied for requires reliable attendance and dependable performance during the contemplated working hours. I understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that my employment is subject to change in wages, conditions, benefits, and operating policies. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by the Employer or myself, without notice and without cause.

I understand that this is an application only and that it does not constitute an offer of employment or an employment contract.

Applicant's Signature

Date

Applicant's Printed Name

NOTE TO EMPLOYER: If consumer reports are to be obtained by the employer, this form should be completed and signed by the applicant **prior** to the completion of the Employment Application. Once this form is signed, detach it and ask the applicant to complete the Employment Application.

**DISCLOSURE AND AUTHORIZATION REGARDING
FEDERAL FAIR CREDIT REPORTING ACT**

The purpose of this disclosure and authorization is to inform you that a consumer report under the federal Fair Credit Reporting Act may be obtained about you as part of (1) PR MARINA LIMITED PARTNERSHIP dba POINT ROBERTS MARINA (hereafter referred to as PRM) pre-employment background investigation, and (2) if you are hired, at any time during your employment with PRM for the purposes of evaluating your retention, promotion or reassignment as an employee (collectively employment purposes). Failure to authorize the consumer reports will result in ineligibility for employment or termination of employment.

I acknowledge receipt of this disclosure and authorize PRM and its agents to obtain consumer reports on me, including but not limited to criminal record checks, as part of the employer's pre-employment background investigation. If I am hired, this authorization shall remain valid and serve as an ongoing authorization for PRM and its agents to obtain consumer reports on me, including but not limited to criminal record checks, for employment purposes at any time during my employment.

I authorize PRM to obtain records of my employment, including income history and other information reported by employer(s) to any state employment security agency (e.g., Washington Workforce Commission). Work history information may be used only for purposes of my prospective employment or for employment purposes as an employee. Authority to obtain such work history information expires 365 days from the date of this application.

Please acknowledge receipt of this disclosure and authorization for the consumer reports by signing below:

Signature of applicant/employee

Printed name of applicant/employee

Date