

Application for MBC Employment

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Personal Information

NAME (LAST NAME, FIRST)			DATE OF BIRTH (if under 18)	
ADDRESS		CITY	STATE	ZIPCODE
HOME NUMBER	CELL PHONE NUMBER	Email		

Employment Desired

POSITION	DATE YOU CAN START	ENDING DATE		
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER WORKED FOR THE MBC BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN	POSITION	

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

General information

SPECIAL TRAINING (ATTACH ALL CERTIFICATIONS)
SPECIAL SKILLS

Former Employers (LIST BELOW LAST TWO EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE, MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				



References (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	EMAIL OR PHONE	BUSINESS	YEARS KNOWN

Authorization

"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 Medford Boat Club from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the Medford Boat Club 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 Medford Boat Club 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."

Date: _____

Signature: _____

Do Not Write Below This Line

Date: _____

Interviewed By: _____

Remarks

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR DEPT.	POSITION	WILL REPORT TO	SALARY/WAGES

Date: _____

EMPLOYMENT MANAGER

FUNCTION HEAD

COMMODORE

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