

OFFSHORE MARINA INC.
APPLICATION FOR EMPLOYMENT

P.O. Box 330330 Lake Powell, UT 84533
Ph. 435-788-2142 Fax. 435-788-2303

Personal Information

Date _____ Social Security Number _____

Name _____ Age _____ Sex M F

Current Address _____

Permanent Address _____

Phone Number _____ Own Home _____ Rent _____ Other _____

Date of Birth _____ Height _____ Weight _____ Color of Hair _____ Color of Eyes _____
Married _____ Single _____ Widowed _____ Divorced _____ Separated _____

Number of Children _____ Dependants Other _____ Citizen _____ Yes
If Related to Anyone in Our Employ Than Spouse or Children _____ of USA _____ No
State Name & Department _____ Referred By _____

EMPLOYMENT DESIRED

Position _____ Drivers License # and State _____ Date you Can Start _____ Salary Desired _____
Are You Employed Now? _____ If So May We Inquiry of Your Present Employer? _____

Ever Applied to this Company Before? _____ When? _____

EDUCATION

Name and Location of School _____ Years Attend _____ Date Graduated _____

High School _____

College _____

Trade or Business School _____

Tech Schools:

Mercury _____
Volvo _____
OMC _____

Westerbeke _____
MMC _____
Other _____

Subject of Special Study or Research Work

What Foreign Languages Do You Speak Fluently?

Read?

Write?

US Military
Service

Rank

Present Membership in
National Guard or Reserves

Activities Other Than Religious
(Civic, Athletic, Fraternal, Etc):

EXCLUDE ORGANIZATION, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, and COLOR, OR NATIONAL ORIGIN OF ITS MEMBER.

FORMER EMPLOYERS (List Below Last Four Employers, Starting With Last One First.)

Date Month and Year	Name and Address of Employers	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES:

Give Below the Name of Three Persons Not Related To You, Whom You Have Known At Least One Year.

	Name	Address	Business	Years Acquainted
1)				
2)				
3)				
4)				

PHYSICAL RECORD:

List Any Physical Limitations

Were You Ever Injured?

Give Details

Have You Any Hearing Limitations?

In Vision?

In Speech?

In Case of Emergency Notify

Name

Address

Ph #

I am willing to participate in the Offshore Marina Drug Testing Program: (please sign)

I authorize investigation of all statements contained in this application. I understand that misrepresenting or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time without any previous notice.

Date

Signature