

C & C Boats, Inc.

FORMER EMPLOYERS

Name and Address of Present or Last Employer: _____

Starting Date: Month _____ / Year _____ Leaving Date: Month _____ / Year _____

Weekly Starting: \$ _____ Weekly Leaving: \$ _____

Job Title: _____ May We Contact Supervisor? YES NO

Description of Work: _____

Reason for Leaving: _____

(Former Employers continued)

Name and Address of Past Employer: _____

Starting Date: Month _____ / Year _____ Leaving Date: Month _____ / Year _____

Weekly Starting: \$ _____ Weekly Leaving: \$ _____

Job Title: _____ May We Contact Supervisor? YES NO

Description of Work: _____

Reason for Leaving: _____

Name and Address of Past Employer: _____

Starting Date: Month _____ / Year _____ Leaving Date: Month _____ / Year _____

Weekly Starting: \$ _____ Weekly Leaving: \$ _____

Job Title: _____ May We Contact Supervisor? YES NO

Description of Work: _____

Reason for Leaving: _____

REFERENCES

Name	Address	Business	Years Known	Related to you?
1.				
2.				
3.				

SERVICE RECORD

Branch of Service: _____ Discharge Date: Month _____ / Year _____ Discharge Rank: _____

Presently in National Guard or Reserves: YES NO Date Obligation Ends: Month _____ / Year _____

What foreign languages do you speak fluently? _____

Which foreign languages do you read and write? _____

Have you ever been convicted of a felony or misdemeanor within the last 5 years? * YES NO If yes, Please describe:
 Offense _____ Date convicted _____ Penalty _____

Have you ever been convicted of, forfeited bail or plead no contest to driving under the influence (DUI), driving while intoxicated (DWI), or reckless driving within the last 5 years? * YES NO If yes, Please describe: _____

* Note: A conviction will not bar consideration of employment.

I understand and agree that I may be required to take a physical examination or physical capacities exam as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, employees from any claim arising in connection with the use of such test(s). YES NO

C & C Boats, Inc.

For Licensed Personnel Only

Please list any maritime licenses, document or certificates which are currently valid:

Type of License, document or certificate	Issuing Agency/Organization	Certificate Number	Expiration Date

Have you ever had a maritime license, document or certificate suspended or revoked? If so, please list below:

Type of License, Document or Certificate	Date of suspension/revocation	Length of suspension/revocation	Reason

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 HIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES 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 ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MIGHT RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

Date: _____ Signature: _____