

BOATJUNKIE SALES & SERVICE

Application For Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or other factor prohibited by law.

Position(s) Applied For: ☐ Mechanic ☐ Sales ☐ Customer Service Rep
 ☐ Service Writer ☐ General Labor ☐ Other _____
Referral Source: ☐ Advertisement ☐ Walk-In ☐ Other _____

List any friends or relatives employed by this company: _____

(PLEASE PRINT)

Name _____
 Last First Middle

Address _____
 Number Street City State Zip Code

Social Security Number _____

Daytime Phone (_____) _____ Home Phone (_____) _____

Email Address _____

| | | |
|--|--|--|
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you filed an application here before? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give date ____/____/____ |
| Have you ever been employed here before? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, give date ____/____/____ |
| Are you employed now? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|--|--|--|
| Are you prevented from lawfully becoming employed in this country because of visa or immigration status? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (Proof of citizenship or immigration status will be required upon employment.) |
|--|--|--|

| | |
|---|--|
| On what date would you be available for work? ____/____/____ | Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you on a layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No | Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| If hired, do you have a reliable means of transportation to get to work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Driver's License No: _____ | State Issued _____ Expiration Date _____ |

| | |
|--|--|
| Have you been convicted of or pled "no contest," "nolo contendere" or "guilty" to a felony at any time? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently awaiting trial or other disposition of a felony charge in connection with which you are currently out on bail or on your own recognizance? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" to either question, please explain: _____ | |
| Note: A conviction record will not necessarily be a bar to employment, and factors such as the applicant's age at the time of the offense, the age of the offense, and the nature and seriousness of the violation will be taken into account. | |

| | |
|--|--|
| Have you ever been discharged or asked to resign from any position? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe: _____ | |
| Note: An affirmative response will not necessarily be a bar to employment. | |

| | |
|---|--|
| Can you meet the attendance requirements for the position you are applying for? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you missed any days from school or work within the last year other than vacation or leave time? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If so, how many? _____ | |

EDUCATION

| | Elementary | High | College/University | Other |
|---|----------------|----------------|--------------------|----------------|
| Name and Location of School | | | | |
| Years Completed/ Degree | | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Did you Graduate? | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ | Yes ___ No ___ |
| Subjects Studied and Degree(s) Received | | | | |

EMPLOYMENT EXPERIENCE

List all jobs in order starting with your present or last job. Include military service assignments and volunteer activities in which you received relevant job experience. You may exclude organization names, which indicate race, color, religion, gender, national origin, age, disability or other protected status. Attach a separate sheet if you have been employed by any other employer not listed below.

| | | | | |
|----|------------------------------|--------------------|-------|----------------|
| 1. | Employer Telephone () | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Job Title | Hourly Rate/Salary | | |
| | | Starting | Final | |
| | Supervisor | | | |
| | Reason For Leaving | | | |
| 2. | Employer Telephone () | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Job Title | Hourly Rate/Salary | | |
| | | Starting | Final | |
| | Supervisor | | | |
| | Reason For Leaving | | | |
| 3. | Employer Telephone () | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Job Title | Hourly Rate/Salary | | |
| | | Starting | Final | |
| | Supervisor | | | |
| | Reason For Leaving | | | |

Are you physically and mentally able to perform the essential duties of the job for which you are applying, either with or without reasonable accommodation?

☐ Yes ☐ No

PROFESSIONAL REFERENCES (Do not list friends or relatives.)

| Name | Address | Phone Number | Occupation | Years Acquainted |
|------|---------|--------------|------------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

READ BEFORE SIGNING

1. I understand this application will be considered current for 90 days and that a new application must be completed for further consideration after 90 days.
2. In consideration of any employment of me by your Company, I agree that my employment is at the will of the Company, which means that the Company has the right to discharge me or lay me off at any time, with or without cause, and with or without notice. It is expressly agreed and understood that this is the entire agreement between the Company and myself on the subject of discipline, discharge, termination and/or layoff, and that this agreement may be changed only by an agreement in writing signed by the President of the Company and addressed specifically to me.
3. I further recognize that if employed by the Company, **I understand and agree that I may not assert any lawsuit or other claims against the Company, or one or more of its current or former officers, directors, or employees, beyond 180 days after the claim arises or within the applicable statute(s) of limitations, whichever occurs first.**
4. **I understand that any offer of employment made to me by the Company is contingent upon a favorable health evaluation which may include a physical examination (including drug screening) by a doctor selected by the Company. I hereby agree to complete a health evaluation form.**
5. I have been given and read a separate consumer report disclosure, and I hereby authorize an investigation of my education, employment, driving, criminal and credit histories, including related statements contained in this application, and specifically authorize the Company to consult with all third parties with whom or which I have been associated concerning those histories and/or any other aspect of my qualifications, or with any third parties who may have information bearing thereon and to receive and utilize any information which may be material to my histories or qualifications; and I hereby release all third parties who provide information to the Company with or without notice to me, from any and all liability for the transmittal of any information bearing on my histories or qualifications, in connection with any such request. I further authorize and release the Company from all liability for forwarding to any other entity to which I may apply for employment, any information concerning me and/or my histories or qualifications as the Company has at the time of my application for employment or hereafter acquires. I further release from all liability any and all third parties for any statements made or any action taken in connection with this application or any other applications made simultaneously herewith, or in connection with any other form of review of my histories or qualifications. I hereby waive on behalf of the Company any and all third parties any and all notice(s) I would otherwise be entitled to receive by law in connection with any reference check.
6. I will hold in strictest confidence and will not disclose direct ly or indirectly to any unauthorized persons, without the Company's prior written permission, at any time during or subsequent to my employment, any knowledge not already available to the public, respecting the inventions or respecting designs, methods, systems, improvements, trade secrets, manufacturing techniques and processes, sales promotions and ideas, customer lists or other confidential matters of the Company.
7. I understand that if I have a disability I must timely tell you in writing of my need for accommodation after I know or reasonably should know that an accommodation is needed. I further understand failure to do so will prevent me from alleging a violation of the accommodation requirements otherwise imposed by law.
8. I certify that all information submitted by me in this application is true, complete and correct and understand that if any such information is found to be misrepresented, omitted or otherwise incorrect, it may result in discharge from employment.
9. In the event that one or more provisions of this application are declared void, the balance of the provisions shall remain in force.

I hereby acknowledge that I have read the above statements, understand same, and certify as true and accurate all information I have provided herein. I further understand that any false or inaccurate information provided by me on this application may result in my rejection as an applicant or my termination from employment.

SIGNATURE OF APPLICANT

____/____/_____
DATE

**Please return completed application to:
HRManager@BoatJunkie.com
Or Mail/ Drop Off at:
Bonita Boat Center
28380 S. Tamiami Trail | Bonita Springs, FL 34134**

APPLICANT INQUIRY RELEASE

In connection with, and for the duration of my employment (or independent contract for services) with the Company, I understand that investigative background inquiries are to be made by Company or its third-party designee on myself including consumer, criminal, driving, and other reports. These reports will include information as to my creditworthiness, character, work habits, performance and experience along with reasons for termination of past employment from previous employers. These reports and records will be used for the purposes of making hiring decisions or investigating certain incidents. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. The aforementioned reports, records and information are hereinafter referred to as "Background Information".

To the extent such inquiries and requests of Background Information constitute "Consumer Reports" under the Fair Credit Reporting Act, 15 U.S.C. §1681 *et seq.*, then such inquiries and requests of information shall be in compliance with the Fair Credit Reporting Act, 15 U.S.C. §1681 *et seq.* (the "FCRA"), to the extent applicable. Pursuant to Section 606(b) of the FCRA, I may make a written request to you within days of the date of this release to make a complete and accurate disclosure of the nature and scope of any investigation which may be governed by the FCRA. You will make the disclosure in writing mailed, or otherwise delivered, to me not later than five (5) days after the date you receive my request for such a disclosure. If a decision not to employ, continue employment, or contract for services is contemplated because of the contents of a Consumer Report governed by the FCRA, then pursuant to Section 604(b)(3), I will receive a free copy of such Consumer Report and a summary of my rights as a consumer under the FCRA, a copy of which is attached hereto.

I understand and agree that the Background Information is of material importance to Company and that if I have given any false information, or I have omitted any material facts under any circumstances, I may not be hired, or if hired, I may be discharged immediately upon discovery of such false statements or omissions, regardless of how much time has passed between the date of my hire and the discovery of such misrepresentations, in the sole and absolute discretion of Company.

I hereby request that all references listed on my application, or the custodians of the Background Information, give all information concerning my previous employment and/or pertinent information they may have, personal or otherwise, to Company and I hereby consent to the release of such Background Information and release all such parties from all liability for any damage that may result from the furnishing of same to Company or third party designee.

I authorize, without reservation, any party or agency contracted by Company to furnish the above mentioned information:

PLEASE PRINT

| | | | |
|---------|----------|--------|------------------------|
| (First) | (Middle) | (Last) | (Maiden Name or Alias) |
|---------|----------|--------|------------------------|

| |
|------------------|
| Current Address: |
|------------------|

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

| | | | |
|---------------|--|------------------------|--|
| Date of Birth | | Social Security Number | |
|---------------|--|------------------------|--|

| | |
|-------------------------|--------------|
| Driver's License Number | State Issued |
|-------------------------|--------------|

| | |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

_____ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you by Credential Check at the address listed above.