

LAKE CANYON YACHT CLUB Employment Application

Lake Canyon Yacht Club (LCYC) is an Equal Opportunity employer and does not discriminate against qualified applicants or employees on account of race, color, religion, sex, age, national origin, or physical/mental disability.

P E R S O N A L I N F O R M A T I O N	Last Name	First	Middle	Date	
	Have you ever used another name for work, school or other purposes? If so, identify name(s) and dates used and circumstances.			Home Telephone ()	
	Street Address			Cell Telephone ()	
	City, State, Zip			Salary Requested \$	
	Position(s) Applied for: (1)			(2)	
	Have you ever previously applied for or been employed with LCYC <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you at least 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If employed: Month and Year		Reason for leaving		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Indicate your availability for work. <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Other				
	If none of the above, what hours/days can you work? _____				
	Do you plan to engage in other work while employed by LCYC? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please indicate employer, position and days/hours of the week employed.					
If your application is considered favorably, when can you begin work?					
Please state all languages (including English) that you speak, read and write proficiently:					
		Speak	Read	Write	Comments:
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Provide complete information on all employment (full-time and part-time) during the past 10 years or 5 employers, whichever is greater. Begin with your current or most recent employment. Include full-time, part-time and temporary employment. Explain all gaps in your employment history. Use additional sheets if necessary.

1	Current or most recent Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Weekly Pay Start End
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Asked to resign <input type="checkbox"/> Quit without notice <input type="checkbox"/> Laid Off <input type="checkbox"/> Other (specify)	

2	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Weekly Pay Start End
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Asked to resign <input type="checkbox"/> Quit without notice <input type="checkbox"/> Laid Off <input type="checkbox"/> Other (specify)	

3	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Weekly Pay Start End
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Asked to resign <input type="checkbox"/> Quit without notice <input type="checkbox"/> Laid Off <input type="checkbox"/> Other (specify)	

4	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Asked to resign <input type="checkbox"/> Quit without notice <input type="checkbox"/> Laid Off <input type="checkbox"/> Other (specify)	

5	Prior Employer	Telephone ()
	Address	Dates of employment From To
	Name of Supervisor	Weekly Pay Start Last
	Job Title and Describe Your Work	
	Reason for Leaving (check one): <input type="checkbox"/> Resigned with notice <input type="checkbox"/> Terminated <input type="checkbox"/> Asked to resign <input type="checkbox"/> Quit without notice <input type="checkbox"/> Laid Off <input type="checkbox"/> Other (specify)	

Have you ever been terminated from employment or asked to resign by *any* employer? If yes, please provide employer, location, dates and describe circumstances. _____

SPECIALIZED SKILLS

List all specialized skills you possess and equipment which you operate proficiently:

Skills	Equipment

LICENSE/CERTIFICATION

Do you currently hold all professional or trade licenses or certifications required for the position for which you have applied? Yes No

If yes, provide license/certification and number, issuing state agency and expiration date: _____

Has your license or certification ever been denied, revoked, suspended or otherwise restricted? Yes No

If yes, please provide information on action, date, governmental authority and nature of action: _____

MOTOR VEHICLE RECORD

Please complete this section if you are applying for a position which includes an LCYC or personal vehicle for work purposes.

Driver's License No. _____ Issuing State: _____ Expiration Date _____

Has your driver's license ever been denied, limited, suspended or revoked? Yes No

If yes, provide complete information on action(s), date(s), location(s) and current status: _____

List all violations (other than parking tickets) for which you have been convicted, pled guilty or no contest, or forfeited bond in the past 5 years: _____

Do you have automobile liability insurance? Yes No If yes, expiration date: _____

CRIMINAL HISTORY INFORMATION

There is no time limit to the questions regarding your criminal history. You must include information on ALL convictions, pleas and alternative adjudications that have occurred during your lifetime. Records of offenses by minors (under age 18) are not automatically sealed and should also be disclosed, except where non-disclosure is required under state law. Please disclose any criminal offense that may appear on your record, even if you are uncertain of the exact date or how a criminal offense was classified. State the approximate date, your understanding of the criminal classification, and note that you are unsure of more specific information.

Have you **ever pled guilty** to any criminal offense (misdemeanor or felony) other than parking tickets? ___ Yes ___ No

Have you **ever pled nolo contendere (no contest)** to any criminal offense (misdemeanor or felony) other than parking tickets? ___ Yes ___ No

Have you **ever been convicted** of any criminal offense (misdemeanor or felony) other than parking tickets? ___ Yes ___ No

If you answered "yes" to any of these questions, provide complete information on all criminal offense(s), date(s), location(s) (city/county and state) and disposition:

Offense	Date	Location	Disposition

(use additional sheets if necessary)

Have you **EVER** served any of the following for any criminal offense? **(Check all that apply)**

NOTE: This list of dispositions is not a complete description of every possible alternative sentencing option. Therefore, if the alternative disposition you received is not specifically listed below, you **MUST** disclose it by checking the last option and specifically describing the program. Failure to disclose any type of alternative disposition will be considered falsification and will result in your ineligibility for employment.

- | | | |
|--|---|--|
| <input type="checkbox"/> pretrial diversion | <input type="checkbox"/> deferred adjudication | <input type="checkbox"/> pretrial intervention |
| <input type="checkbox"/> suspended sentence | <input type="checkbox"/> postponed judgment | <input type="checkbox"/> pretrial release |
| <input type="checkbox"/> probation (any type) | <input type="checkbox"/> conditional discharge | <input type="checkbox"/> restorative justice program |
| <input type="checkbox"/> community control/supervision | <input type="checkbox"/> community-based punishment | <input type="checkbox"/> indeterminate commitment |
| <input type="checkbox"/> deferral/diversion of prosecution | <input type="checkbox"/> unconditional discharge | <input type="checkbox"/> supervised release |

any other type of alternative, deferred, suspended, postponed or conditional prosecution, adjudication, disposition, sentence, program or release

(describe type: _____)

_____)

(use additional sheets if necessary)

Conviction of a crime is not an automatic bar to consideration for employment or continued employment. Factors such as the date of the offense, the time period between the offense and the present, the nature and seriousness of the offense, and rehabilitation will be considered by LCYC.

PROFESSIONAL/EMPLOYMENT REFERENCES

Name	Phone Number	Best Time to Call	Relationship to You
1.			
2.			
3.			

ADDITIONAL INFORMATION

Provide any additional information you believe will assist LCYC in considering your application, including membership in professional or civil organizations, specialized training, apprenticeships or other qualifications.

APPLICATION PROCESS

Applications for employment will be actively considered for the positions listed for 90 days after submission to LCYC. Applicants desiring to be considered for other positions or after this time period has expired should submit another application. LCYC may not interview all applicants for a vacancy. Those applicants to be interviewed will be contacted by LCYC.

APPLICANT VERIFICATION

I certify that all of the information provided on this employment application and all exhibits and resumés submitted to Lake Canyon Yacht Club, Inc. (LCYC) is true, correct and complete. I understand that false, misleading, incomplete or omitted information on this application or exhibits and resumés submitted to LCYC will result in rejection of this application or termination, if hired, regardless of the date of discovery. I authorize all persons and organizations, including but not limited to my former and present employers and personal references, to provide LCYC and its agents with complete information they may have concerning my character, employment record and suitability for employment with LCYC. I understand that this authorization to obtain background information does not include a consumer report under the federal Fair Credit Reporting Act. If LCYC desires to conduct a consumer report or background check about me under the federal Fair Credit Reporting Act, I will receive a separate notice and authorization for that report.

I understand that this application is not an offer of employment or a contract with LCYC. I understand that employment with LCYC is "at will" and based on mutual consent. Either LCYC or I can terminate any employment relationship, with or without prior notice or cause. I understand that no employee of LCYC is authorized to enter into any contract or create any employment relationship other than "at will."

I understand that if I am hired by LCYC I will be required to complete a Federal I-9 form and provide documentation verifying my right to live and work in the United States.

Any conditional employment offer by the Company is subject to my successful completion of all employment prerequisites, including but not limited to verifying employment and professional/personal references, verifying licensure and a criminal record check.

If employed, I will comply with all of LCYC's policies, rules and procedures.

Date

Applicant Signature

FOR LAKE CANYON YACHT CLUB USE ONLY

R E F E R E N C E C H E C K	Employer	Name/Person Contacted	Results
	1		
	2		
	3		
	4		

I N T E R V I E W C O M M E N T S	Interviewer Name and Comments	