

# Windy City Marina Group, LLC

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Desired Hrs./Week: \_\_\_\_\_

List Hours Available: \_\_\_\_\_  
Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Position Applied for: *(use title from Job Posting)* \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City/State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### Boating Specific

Have you owned a pleasure boat? YES  NO  Do you have experience piloting a boat? YES  NO

Do you have experience trailering a boat? YES  NO  Have you ever completed a boating education course? If yes, date: \_\_\_\_\_ YES  NO

Please use the additional space provided to describe any additional boating experience you have:

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## References

*Please list two personal references who are not immediate family members.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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## Previous Employment (3 Most Recent Positions)

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

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Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

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Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

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**Military Service**

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

**Disclaimer and Signature**

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application.

I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law.

This application does not constitute a contract for employment for any specified period. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Drug Test Consent and Release Form**

**WINDY CITY MARINA GROUP, LLC  
CONSENT AND RELEASE FORM**

As an applicant desiring employment with Windy City Marina Group, LLC, you are required to read and sign this form. Failure to sign will result in your being barred from further consideration for employment with this company.

Drug Test

Windy City Marina Group, LLC is firmly committed to maintaining a drug-free work place and has a responsibility to provide a safe work environment for employees and to prevent injuries to the general public. Therefore, reporting to work under the influence of or working while impaired by alcohol or unprescribed or illegal narcotics or drugs, or using, possessing, selling, buying or transferring unprescribed or illegal narcotics or drugs off company premises is prohibited.

Consistent with our objective to maintain a drug-free workplace, we may require all applicants accepted for employment to pass a drug test as part of our application process. All offers of employment may be contingent upon satisfactory results of a drug-screening test. You must satisfactorily pass the company’s drug screen test. If you are hired by Windy City Marina Group, LLC, you may be required, from time to time, to submit to drug and alcohol screening tests to determine compliance with the company’s policy to provide a drug-free workplace. Cooperation in submitting to such tests is a condition of employment, and failure to cooperate will be grounds for immediate termination.

Please read the following instructions and information carefully.

Notice:

A confirmation drug test using an alternative testing method will be performed on samples that test positive. IN THE EVENT BOTH TESTS ARE POSITIVE, THE APPLICANT MAY BE REMOVED FROM FURTHER CONSIDERATION FOR EMPLOYMENT FOR SIX (6) MONTHS. HOWEVER, THE APPLICANT MAY EXPLAIN THE PRESENCE OF ANY DRUG AND PROVIDE APPROPRIATE SUBSTANTIATION.

Applicant:

I have read and understand these requirements. I accept the conditions for consideration of employment and, if employed, as a condition of continued employment. I consent to the requirements the drug screen test. The testing agency is authorized by me to provide the results of such tests to the company. I understand that the results of such tests will remain the property of Windy City Marina Group, LLC, and will not be used for any unauthorized purpose. I further agree to hold the testing company and/or Windy City Marina Group, LLC, its agents, directors, officers and employees harmless from any and all liability in connection with such tests or the direct deposit requirement. I understand that all employment with the company is at-will and that nothing in this consent constitutes a guarantee of or creates a contract of employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I **refuse** to give my consent, and I **refuse** to be tested. I understand this means I am barred from further consideration for employment with Windy City Marina Group, LLC.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_