



**SAILORMAN NEW & USED MARINE**  
 3000 S. ANDREWS AVE. FT. LAUDERDALE, FL 33316  
 PH: 954-522-6716 FAX 954-760-7686  
 www.sailorman.com shop@sailorman.com

## Employment Application

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. This application must be fully completed to be considered. Complete each section even if you attach a resume.

### PERSONAL INFORMATION

FIRST NAME:	MIDDLE:	LAST NAME:	DATE:
ADDRESS:		CITY:	STATE: ZIP:
PHONE:	EMAIL:	DATE AVAILABLE:	DESIRED SALARY:
POSITION APPLYING FOR:		LANGUAGES SPOKEN:	

**EMPLOYMENT DESIRED:** FULL TIME  PART TIME  SEASONAL/TEMPORARY

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 been convicted of a felony? YES  NO  If yes, explain? \_\_\_\_\_

If selected for employment are you willing to submit to a background check? YES  NO

### EDUCATION

<b>HIGH SCHOOL:</b>				CITY/STATE:		
DATES:		TO		DEGREE:	DID YOU GRADUATE	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>SCHOOL:</b>				CITY/STATE:		
DATES:		TO		DEGREE:	DID YOU GRADUATE	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>SCHOOL:</b>				CITY/STATE:		
DATES:		TO		DEGREE:	DID YOU GRADUATE	YES <input type="checkbox"/> NO <input type="checkbox"/>

### EXPERIENCE

*Please tell us about your relevant experience.*

MARINE EXPERIENCE (PERSONAL & PROFESSIONAL)	SKILLS & SPECIAL TRAINING

## PREVIOUS EMPLOYMENT

COMPANY:	JOB TITLE:	DATES:
CITY/STATE:	STARTING PAY:	ENDING PAY:
MANAGER:	PHONE:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>

REASON FOR LEAVING?

COMPANY:	JOB TITLE:	DATES:
CITY/STATE:	STARTING PAY:	ENDING PAY:
MANAGER:	PHONE:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>

REASON FOR LEAVING?

COMPANY:	JOB TITLE:	DATES:
CITY/STATE:	STARTING PAY:	ENDING PAY:
MANAGER:	PHONE:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>

REASON FOR LEAVING?

## REFERENCES

*Please list three professional references*

NAME	RELATIONSHIP	COMPANY	PHONE
1.			
2.			
3.			

## DISCLAIMER & SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

NAME (PLEASE PRINT)	SIGNATURE
DATE	