

Chesapeake City Water Tours, LLC

Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Date of Birth
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three <u>professional</u> references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

LICENSING

Licenses Held	License Number
USCG Licenses	License Number
Notes:	

DISCLAIMER AND SIGNATURE

I authorize Chesapeake City Water Tours, LLC to investigate any information that it believes is relevant to my employment application including, but not limited to, my employment history, educational background, and record of criminal convictions, and if I am employed by the Company, to my continued employment, promotion or transfer. I also authorized my former employers, schools, other educational institutions, and individuals whom I have given as personal references to provide information that they may have about me in response to inquiry from the Company as a result of my application for employment. I specifically consent to and authorize any agency of the criminal justice system to release any records of criminal history as may be disseminated to an employer under (FCRA), 15 USC §§1681 et seq. If I am given an offer of employment, I further grant authorization to the Company to acquire military records that may be relevant to my employment.

I also acknowledge that if requested I will submit to hair, blood and/or urine tests to determine the presence of drug metabolites in my body. I further acknowledge that if I am employed, I may be required to take such tests at any time during my employment, if requested by the Company. I understand that failure to successfully pass or refusal to submit to such tests may result in withdrawal of any offer of employment or termination if I am employed.

I certify that my answers are true and complete to the best of my knowledge. I am aware if this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I hereby acknowledge I have read (or have had read to me) and understand the information set forth above.

Applicant's Signature

Print Name

Date

Please email form to:

Info@ChesapeakeCityWaterTours.com

Telephone: +1(443) 566-3386