



APPLICATION FOR EMPLOYMENT

Legal Name: _____
 Maiden/Other Name: _____
 Present Address: _____

 Previous Address: _____

 Telephone: _____
 Position Desired: _____
 Salary Desired: _____

Previous Employment: _____

 Supervisor: _____
 Years There: _____

- Home Mobile Other
 Full Time Part Time Seasonal/Temp
 Week Month Year

We are open (7) days per week and on most holidays. Please mark what days you ARE able to work:
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday Holidays

Do you have a valid drivers license? No Yes License Number: _____
 Has your driver's license ever been suspended or revoked? No Yes
 If you do not have a valid driver's license, do you have other reliable transportation to work? No Yes

Are you a citizen of the United States? No Yes
 If no, are you authorized to work in the United States? No Yes

NOTE: Federal Law requires Caravelle Boat Group to verify your eligibility to work within the United States.

Do you have a disability which might limit you ability to perform the job(s) which you have identified above without accomadation? No Yes If yes, please explain your disability:

NOTE: Verification of any disability identified herein or reported during employment may be requested from medical and/or other professionals. In addition, identified disabilities may be disclosed to certain professionals for the limited purpose of investigating a reasonable accommodation of any verified disability.

Optional Self-Identification Statistical Information. Please select one box below.
 Hispanic/Latino White Black/African American Native Hawaiian/Other Pacific Islander
 American Indian/Alaska Native Asian Two or More Races Prefer Not to Answer

Have you ever served in the US Armed Forces? No Yes Branch _____
 Are you presently serving in the National Guard/Reserve? No Yes Branch _____

If you answered yes to either of the above questions, please provide the following information:

Date Entered _____ Date Discharged _____
 Highest Rank _____ Honorable Discharge _____

MISCELLANEOUS ADDITIONAL INFORMATION

Do you hold any professional licenses? No Yes

If yes, please identify your professional licenses, the state and/or body issuing such license, and the date issued: _____

Have you ever signed a non-compete agreement with any previous employer that might restrict your ability to work for Caravelle? No Yes

If yes, which previous employer: _____

Many of our positions may require an employee to handle significant amounts of money or be otherwise entrusted with important financial data. Do you authorize Caravelle to investigate your credit worthiness by requesting a report with any of the three (3) major credit reporting agencies (Equifax, Experian, and TransUnion) prior to extending an offer of employment?

No Yes Prefer Not to Answer

Have you filed a bankruptcy petition at any time in the past ten (10) years?

If yes, please identify the state in which you filed your petition: _____

Many positions may require an employee to operate a motor vehicle (s) from time to time. Do you authorize Caravelle to investigate and check your driving record?

No Yes Prefer Not to Answer

Have you ever been convicted of or pleaded no contest (nolo contendere) to a felony?

No Yes Prefer Not to Answer

If yes, please identify crime(s), year(s), and jurisdiction(s) where you were convicted/pled no contest:

TYPE OF SCHOOL	SCHOOL NAME	LOCATION	DID YOU GRADUATE? YEAR OR GED INFO	AREA OF STUDY
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
TRADE SCHOOL				
PROFESSIONAL SCHOOL				
OTHER				

EMPLOYMENT HISTORY

Employer Name: _____	Supervisor: _____
Employer Address: _____ _____	Start Date: _____
_____	End Date: _____
Employer Phone: _____	Start Pay: _____
	Final Pay: _____
	Last Job Title: _____
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Job Duties/Skills Utilized: _____ _____ _____ _____	
Reasons for Leaving (Be Specific): _____	

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_____	End Date: _____
Employer Phone: _____	Start Pay: _____
	Final Pay: _____
	Last Job Title: _____
May we contact this employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Job Duties/Skills Utilized: _____ _____ _____ _____	
Reasons for Leaving (Be Specific): _____	

Tell us about yourself!

What skills or knowledge do you possess regarding the position you are applying for?

What personal or business goals related to the applied-for position have you met?

Tell us your greatest weaknesses related to this position.

Tell us your greatest strengths related to this position.

I UNDERSTAND THAT CARAVELLE WILL INVESTIGATE AND VERIFY THE INFORMATION WHICH I HAVE PROVIDED ABOVE. BY SIGNING BELOW, I SWEAR OR AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT SIGNATURE _____ **DATE:** _____

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