

HENRIQUES YACHTS, INC. APPLICATION FOR EMPLOYMENT

198 Hilton Ave Bayville, NJ 08721 Tel: 732-269-1180 Fax: 732-269-1606

PLEASE EMAIL THIS APPLICATION TO INFO@HENRIQUESYACHTS.COM

PERSONAL INFORMATION

FULL NAME		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP
PHONE	CELL	REFERRED BY:	

EMPLOYMENT DESIRED

POSITION	WHAT DAY CAN YOU START?	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO CAN WE CONTACT YOUR PRESENT EMPLOYER?	
HAVE YOU APPLIED HERE BEFORE?	WHEN?	

EDUCATION

HIGH SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?
COLLEGE	YEARS ATTENDED	DID YOU GRADUATE?
TRADE OR BUSINESS SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY, TRAINING OR SKILLS

REFERENCES

Below Give the Names of Three (3) Persons not related to you, whom you have known for at least One (1) Year

NAME	PHONE NUMBER	BUSINESS	YEARS
NAME	PHONE NUMBER	BUSINESS	YEARS
NAME	PHONE NUMBER	BUSINESS	YEARS

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FORMER EMPLOYEES

START	LEAVE	NAME & ADDRESS	SALARY	POSITION	REASON FOR LEAVING

US MILITARY SERVICE

SERVICE	RANK	DISCHARGED? TYPE?

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUND FOR DISMISSAL. I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE. THIS WAIVER DOES NOT PERMIT THE RELEASE OF USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

DATE _____

SIGNATURE _____