



AN EQUAL OPPORTUNITY EMPLOYER

# Employment Application

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

901 Cowan Dr. • Lebanon, Missouri 65536 • (417) 588 9787

PERSONAL	Last Name		First	Middle	Date		
	Street Address				Home Phone ( )		
	City, State, Zip				Social Security No.		
	Position Desired				Pay Expected per Hour		
	Have you ever been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____				Schedule desired <input type="checkbox"/> Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time	What shift will you work <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Date available for work
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____						
	Do you have a legal right to remain and work permanently in the U. S. <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Are you OVER the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state age _____*				Do you have any business, family, health, or social obligations that would prevent you from: Working Consistently? <input type="checkbox"/> Yes <input type="checkbox"/> No Working Overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	*If employed you must furnish proof of age.						
	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No						
How were you referred to us? <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> G3 Employee <input type="checkbox"/> On your own <input type="checkbox"/> Agency Relative <input type="checkbox"/> Other							
Name of referral source: _____							

EDUCATION	LAST SCHOOL ATTENDED	LOCATION	COURSE OF STUDY	CIRCLE LAST GRADE COMPLETED
	Last High School			10 11 12
	College			1 2 3 4
	Trade or Vocational			
	Other			

MEMBERSHIP IN PROFESSIONAL & CIVIC ORGANIZATIONS, SPECIAL ACCOMPLISHMENTS, AWARDS, ETC. <i>(Exclude those which may disclose your race, color, religion or national origin)</i>	

MILITARY	<b>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</b>		Branch of Service
	Specialty: (Include special training or duties)	In reserves <input type="checkbox"/> Yes <input type="checkbox"/> No	Years of Service

<b>EMPLOYMENT</b>	We may contact the employers listed below unless you indicate those you do not want us to contact.	Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.
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1	Company Name	DO NOT CONTACT <input type="checkbox"/>	Telephone
	Address, City, State, Zip	REASON _____	(     )
	Name of Supervisor		Employed (State Month and Year)
	State Job Title and Describe Your Work		From _____ To _____
			Weekly Pay
			Start _____ To _____
			Reason for Leaving

2	Company Name	DO NOT CONTACT <input type="checkbox"/>	Telephone
	Address, City, State, Zip	REASON _____	(     )
	Name of Supervisor		Employed (State Month and Year)
	State Job Title and Describe Your Work		From _____ To _____
			Weekly Pay
			Start _____ To _____
			Reason for Leaving

3	Company Name	DO NOT CONTACT <input type="checkbox"/>	Telephone
	Address, City, State, Zip	REASON _____	(     )
	Name of Supervisor		Employed (State Month and Year)
	State Job Title and Describe Your Work		From _____ To _____
			Weekly Pay
			Start _____ To _____
			Reason for Leaving

4	Company Name	DO NOT CONTACT <input type="checkbox"/>	Telephone
	Address, City, State, Zip	REASON _____	(     )
	Name of Supervisor		Employed (State Month and Year)
	State Job Title and Describe Your Work		From _____ To _____
			Weekly Pay
			Start _____ To _____
			Reason for Leaving

5	Company Name	DO NOT CONTACT <input type="checkbox"/>	Telephone
	Address, City, State, Zip	REASON _____	(     )
	Name of Supervisor		Employed (State Month and Year)
	State Job Title and Describe Your Work		From _____ To _____
			Weekly Pay
			Start _____ To _____
			Reason for Leaving

R P E F F E R S O E N N A C L E S		NAME	ADDRESS	YEARS ACQUAINTED	TELEPHONE	
					(     )	
						(     )
						(     )
						(     )

S K I L L S	Check any experience, skills or qualifications you have in the following:			
	_____ Blueprints	_____ Lamination	_____ Upholstery	_____ Typing _____ WPM
	_____ Carpentry	_____ Maintenance Mechanic	_____ Fork Lift	_____ Dictation _____ WPM
	_____ Welder	_____ Mechanical Drawing	_____ Janitor	_____ Dictaphone
	_____ Plumbing	_____ Assembly	_____ Shipping-Receiving	_____ Accounting
	_____ Electrician	_____ Painter	_____ Calculator/10 Key	_____ Data Processing/Key Punch/CRT
	_____ Inspection/Quality Control	_____ Pipefitter	_____ Sales	_____ Bookkeeping
	_____ Leadman	_____ Ind. Sewing Machine	_____ Truck Driver	_____ Switch Board

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY**

NAME	ADDRESS	PHONE NO.

Do you have any friends or relatives in our employ?  Yes  No

If yes, please list

NAME	RELATIONSHIP

Have you ever done work considered to be confidential?  Yes  No If Yes, describe.

\_\_\_\_\_

I hereby certify that all the above information is true, and I authorize The Company to make any investigation they may deem advisable. I understand that, if I am employed, any misrepresentation or omission of facts called for in this application form is cause for termination of my services.

I understand that if I am offered employment, I will not become an employee until I have satisfied all requirements for employment including producing documents which verify my eligibility to work in the United States under the Immigration Reform and Control Act of 1986, and passing a pre-employment drug test.

I understand that This Application is not a contract of employment or part of a contract of employment. I further understand that if I am employed, I will be employed at-will and the Company or I may terminate the employment with or without cause or with or without notice at any time.

I also agree to (1) such physical examinations as may be required by The Company, (2) abide by all Company rules and regulations, and (3) reimburse The Company for each tool, badge, or other Company property entrusted to me and not properly accounted for.

I agree and will sign a non-competition and a confidential and/or patent agreement if it is required on any job I may hold while in the employment of G3 Boats.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I authorize you to obtain an investigative consumer report containing information obtained through personal interviews with my neighbors, friends and acquaintances. This report, if obtained, may include information as to my character, general reputation, personal characteristics and mode of living. I understand I have the right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of any such investigation.

The Company is an equal opportunity employer who does not discriminate on the basis of age, race, color, sex, national origin, religion or disability. I certify that all the statements made on this application are true, and I understand that any false statement or omission may result in the Company's refusal to consider this Application further or, if hired, in my immediate dismissal.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

