



GENERAL OFFICES AND MARINA

P.O BOX 220 . 1 LIECHTY DRIVE

WILLIAMS BAY, WI 53191

-- We are an equal opportunity employer --

EMPLOYMENT APPLICATION

Gage Marine Corp. fully subscribes to the principles of equal employment for all persons. It is our policy to seek and employ the best qualified persons in all positions without regard to race, religion, gender, marital status, age, national origin, handicap, military service or any other legally protected status. This policy of equal opportunity covers all aspects of the employment relationship, including not only the hiring of new employees, but also promotions, transfers, selection for training opportunities and wage and salary administration

Date of application: ___/___/___ Do you know of any reason why you would not be able to perform the essential functions of the job position for which you are applying with or without reasonable accommodation?
Date available for work: ___/___/___ ___ Yes ___ No

Are you applying for: Seasonal ___ Full Time ___ Part Time
Full Time (Year Round) ___ Yes ___ No
Part time (Year Round) ___ Yes ___ No

Employment Area Desired: (Please Check All That Apply)

Gage Marine	Pier 290 (Restaurant)	Lake Geneva Cruise Line
___ Pier/Fuel Service	___ Server	___ Reservations / Ticket Sales
___ Boat Hauler	___ Host/Hostess	___ Boat Crew
___ Customer Service	___ Bartender	___ Bartender
___ Marine Technician	___ Kitchen	___ Captain
___ Boat Sales	___ Busser/Bar Back	___ Dockhand
___ Other:	___ Other:	___ Other:

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Last Name First Name Middle name/Initial

Street Address

City State Zip code

Home telephone number: (____) _____

Alternate telephone number: (____) _____ Email Address: _____

Alternate number location (e.g., work, relative, etc.): _____

Have you ever worked under a different name? ___ Yes ___ No

If yes, please list other name(s): _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ___ Yes ___ No

T R A I N I N G	Describe any specialized training you received through former employment: _____
	Describe any specialized training you received through and educational system: _____
	List any special skills or qualifications which may be helpful to us in considering your application: _____

E D U C A T I O N	School name & Location	Years Completed	Graduate? Yes or No	Area of Study
	High School			
	Technical School			
	College			

List professional, trade, business or civic organizations, memberships and activities. Exclude memberships which would reveal race, religion, gender, marital status, age, national origin, handicap, military service or any other legally protected status. _____

R E F E R E N C E S	Personal References: List three persons who know you well and are not relatives or previous employers.			
	Name	Street address	City, State, Zip	Telephone
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				()

S I G N A T U R E	Signature:
	Please read the following carefully before signing: I declare that the information given on this application is true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview will be sufficient cause for rejection and if I am employed; my employment may be terminated at any time. I authorize investigation of all statements and references contained in this application as may be necessary in arriving at an employment decision. I understand that this application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond that time period should inquire as to whether or not applications are being accepted at that time. I understand that screening tests for alcohol and illegal drugs use may be required before hiring and, if hired, during my employment here. I understand that employment can be terminated at will by either party with or without cause. I understand that no representative of Gage Marine Corp. has the authority to make any assurances to the contrary. If I am employed, I agree to read and comply with company rules, regulations and policies.

	Applicants Signature

_____	_____
Date	

By typing my name in the above box, I certify the above statements to be true and correct, to the best of my knowledge, and this information can be used for the purpose of processing my employment application and information.