

FALCON BOATS JOB APPLICATION

PERSONAL INFORMATION

NAME (FIRST, LAST, MI) _____ DATE OF BIRTH _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PHONE _____ EMAIL _____

ARE YOU MARRIED? YES NO ARE YOU 18 OR OLDER? YES NO

HAVE YOU SERVED IN THE US MILITARY? YES NO IF YES, WHAT BRANCH? _____

HAVE YOU BEEN CONVICTED OF A FELONY OR INCARCERATED BECAUSE OF A FELONY IN THE PAST 7 YEARS? YES NO

IF YES, PLEASE EXPLAIN _____

SELECT WHAT BEST DESCRIBES YOUR CITIZENSHIP STATUS:

- A CITIZEN OF THE UNITED STATES
- A NONCITIZEN NATIONAL OF THE UNITED STATES
- A LAWFUL PERMANENT RESIDENT
- AN ALIEN AUTHORIZED TO WORK UNTIL _____ (EXPIRATION DATE, IF APPLICABLE)

PRIOR WORK EXPERIENCE

	CURRENT OR MOST RECENT JOB	PRIOR JOB
EMPLOYER		
LOCATION		
TELEPHONE		
NAME OF SUPERVISOR		
DATES OF EMPLOYMENT		
POSITION/JOB TITLE		
PAY		
REASON FOR LEAVING		
CAN WE CALL THEM?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION/TRAINING

	NAME/LOCATION	DID YOU GRADUATE?
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/UNIVERSITY		<input type="checkbox"/> YES <input type="checkbox"/> NO
TRADE SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST ANY SPECIAL SKILLS OR TRAINING THAT WILL ASSIST IN A JOB HERE

TAX INFORMATION

SELECT HOW YOU FILE YOUR US FEDERAL TAXES:

- SINGLE/MARRIED FILING SEPARATELY
- MARRIED FILING JOINTLY
- HEAD OF HOUSEHOLD

NUMBER OF DEDUCTIONS/DEPENDENTS YOU CLAIM _____

EMERGENCY CONTACT NAME _____ CONTACT PHONE NUMBER _____

EMERGENCY CONTACT RELATIONSHIP TO YOU _____

FALCON POSITION

WHAT POSITION ARE YOU APPLYING FOR? _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____

DO YOU HAVE RELIABLE TRANSPORTATION? YES NO

EXPECTED HOURLY RATE \$ _____ EXPECTED WEEKLY EARNINGS \$ _____

DATE AVAILABLE TO START WORK _____

By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.

SIGNATURE _____ DATE _____

TO BE CONSIDERED FOR EMPLOYMENT: PLEASE BRING THIS COMPLETED APPLICATION, YOUR IDENTIFICATION, (STATE ISSUED ID, DRIVERS LICENSE, ETC.) AND SOCIAL SECURITY CARD.

FALCON USE ONLY – TO BE COMPLETED IF HIRED

E-VERIFIED YES NO NOTES _____

DIRECT DEPOSIT ROUTING NUMBER _____

DIRECT DEPOSIT ACCOUNT NUMBER _____

EMPLOYEE T-SHIRT SIZE S M L XL 2X 3X