



**Application for Employment**

Date \_\_\_\_\_

**NORTHPORT MARINE, LLC**  
**MIRROCRRAFT BOATS**  
 39 N. HARDING AVE • GILLET, WI 54124  
 920-855-2168 • Fax: 920-855-6537

To Applicant: Your interest in our Company is appreciated. A clear understanding of your interests, training, experience and other pertinent information will be mutually beneficial. To be assured of full consideration for positions that would best meet your qualifications, please answer all questions on this questionnaire. We will consider your application without regard to race, color, religion, creed, gender, national origin, age, disability, marital or any other legally protected situation. Please note per Company policy, your application will be retained for six months. You may re-apply after that time.

**PERSONAL INFORMATION**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME \_\_\_\_\_  
 (Last) (First) (Middle Initial)

ADDRESS \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

PHONE NUMBER - Day: Area Code ( ) \_\_\_\_\_ Message: Area Code ( ) \_\_\_\_\_  
 Number

Are you 18 years or older? Yes  No

Are you a U. S. citizen or otherwise currently authorized to obtain lawful employment in this country? Yes  No

If the job desired requires the use of a motor vehicle, do you have a valid driver's license and reliable transportation? Yes  No

If the job requires the use of a commercial driver's license, do you have a valid commercial driver's license? Yes  No

Have you ever pleaded guilty to, or have been convicted of a misdemeanor or felony? Yes  No

If yes, provide further information as to the offense(s), date, location of court, and so forth. We do not automatically exclude employment applications with criminal convictions. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. Northport Marine, LLC will consider your record only as it may substantially relate to the job for which you are applying.

**EMPLOYMENT DESIRED**

Full-time  Part-time

Are you available for shift work? Yes  No

Are you available for overtime? Yes  No

Are you available for weekend work? Yes  No

Shift Preference: 1st  2nd  3rd

Date you can start \_\_\_\_\_ Salary/Wage Rate Desired \_\_\_\_\_

List any relatives currently employed at Northport Marine, LLC \_\_\_\_\_

Have you ever worked for Northport Marine, LLC before?

Yes  No  When? \_\_\_\_\_ Department \_\_\_\_\_ Supervisor \_\_\_\_\_

**JOB APPLYING FOR** \_\_\_\_\_

What source led you to make application with us? Job Service  Newspaper   
 Employee Reference  (Name) \_\_\_\_\_ Other  \_\_\_\_\_

**EDUCATION AND TRAINING**

(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration.)

Circle Highest Grade Completed:

1 2 3 4 5 6 7 8 9 10 11 12  
(High School)

1 2 3 4 5  
(College)

Last High School Attended: \_\_\_\_\_ Location: \_\_\_\_\_

College or University: \_\_\_\_\_ Degree: \_\_\_\_\_

List additional training, skills or education (example: automotive, painting and power tools) \_\_\_\_\_

In case of an emergency, notify: \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship)

\_\_\_\_\_  
(Address) \_\_\_\_\_ (Phone Number)

**WORK EXPERIENCE/FORMER EMPLOYERS**

Provide complete information. Be specific. Start with your current or most recent job (include self-employment and military service.) For part-time work, show the average number of hours per month. Show any changes in job periods for the same employer as a separate position. Attach additional sheets if necessary.

ARE YOU EMPLOYED NOW? Yes  No

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? Yes  No

(1) Employer	Street Address	
Your Title	City, State, Zip	
Reason for Leaving	Phone	Name of Supervisor/Phone #
	From (Month & Year) To (Month & Year)	
	Duties	
	Starting Pay	Ending Pay

(2) Employer	Street Address	
Your Title	City, State, Zip	
Reason for Leaving	Phone	Name of Supervisor/Phone #
	From (Month & Year) To (Month & Year)	
	Duties	
	Starting Pay	Ending Pay

(3) Employer	Street Address	
Your Title	City, State, Zip	
Reason for Leaving	Phone	Name of Supervisor/Phone #
	From (Month & Year) To (Month & Year)	
	Duties	
	Starting Pay	Ending Pay

(4) Employer	Street Address	
Your Title	City, State, Zip	
Reason for Leaving	Phone	Name of Supervisor/Phone #
	From (Month & Year) To (Month & Year)	
	Duties	
	Starting Pay	Ending Pay

**REFERENCES** (PERSONS NOT RELATED TO YOU)

NAME	ADDRESS	RELATIONSHIP/COMPANY/TITLE	PHONE NUMBER	YEARS ACQUAINTED

Your application will not be processed unless you have read and signed the Authorization, Release and Certification.

**AUTHORIZATION, RELEASE AND CERTIFICATION**

I certify that all information on this application is true, complete, and correct, to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application, or if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that I may be required to submit to a medical examination if offered a position. I also understand that I may be required to submit to testing for controlled substances or other drugs, if employed, and have a medical treated work injury.

I understand and agree to conform to rules, regulations, and policies which the Company may periodically promulgate, withdraw or modify. I understand that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the Company or myself.

I understand this application will be considered inactive after six months.

I understand that no Employment Contract is created by being hired.

I authorize my information regarding my past employment and criminal conviction record to be released to Northport, Inc. upon their request.

I certify I have read (or have had read to me) and understand this Authorization, Release and Certification.

Applicant's Name (printed) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**NO PHONE CALL PLEASE**