



APPLICATION FOR EMPLOYMENT

Please complete all fields

P.O. Box 811 • Avalon, CA 90704 • Ph: 310.510.2000 • Fax: 310.510.1491 • www.VisitCatalinaIsland.com • jobs@scico.com

Please note: This form must be filled out using Adobe Reader or Adobe Acrobat Pro

PERSONAL DATA

Date: _____

Last Name: _____ First: _____ Middle: _____

Address/P.O. Box: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell phone: _____ Email: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain: _____

Do you speak any foreign languages? _____

Are you fluent? _____ Read? _____ Write? _____

If hired by the Company, is your employment contingent upon acquiring housing/mooring? Yes No

Please list two personal references who are not relatives:

1) Name of reference: _____ Company name: _____

Address: _____ Telephone: _____

2) Name of reference: _____ Company name: _____

Address: _____ Telephone: _____

EMPLOYMENT DATA

Positions applying for: 1) _____ 2) _____

Hourly rate desired: _____ How many hours can you work per week: _____

Can you work evenings? Yes No Employment desired: Full Time Part Time Temporary

Days/hours available to work: All

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Months available to work: All

January February March April May June July August September
October November December

If an offer of employment is extended to you, will you be able to provide (1) proof of identity and (2) legal authorization to work in the United States? Yes No

Do you have a valid driver's license? Yes No

Driver's license number: _____ State of Issue: _____ Expiration date: _____

Type of License: Regular Operators Commercial Chauffeur

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

Date you can start work: _____ If temporary, last date you can work: _____

Have you worked for this company before? Yes No If yes, when & in what position? _____

EDUCATION

High School _____
Name of School *Location* *Major and Degree*

College _____
Name of School *Location* *Major and Degree*

Other Education _____
Name of School *Location* *Major and Degree*

WORK EXPERIENCE

Please list your work experience beginning with your most recent job held, including self-employment. Attach additional sheets or a resume if necessary.

1) Name of employer: _____

Address: _____ Telephone: _____

Name and position of last supervisor: _____

Employed from: _____ to: _____ Pay or salary: Starting: _____ Final: _____

Your last job title: _____

Specific reason for leaving: _____

List the positions you held, duties performed, skills used or learned, advancements or promotions earned while at this job:

2) Name of employer: _____

Address: _____ Telephone: _____

Name and position of last supervisor: _____

Employed from: _____ to: _____ Pay or salary: Starting: _____ Final: _____

Your last job title: _____

Specific reason for leaving: _____

List the positions you held, duties performed, skills used or learned, advancements or promotions earned while at this job:

3) Name of employer: _____

Address: _____ Telephone: _____

Name and position of last supervisor: _____

Employed from: _____ to: _____ Pay or salary: Starting: _____ Final: _____

Your last job title: _____

Specific reason for leaving: _____

List the positions you held, duties performed, skills used or learned, advancements or promotions earned while at this job:

If Applying for Positions Covered by DOT Drug Testing Regulations Complete the following:

A covered position is any safety sensitive position covered by Federal Department of Transportation regulations. Such positions include but are not limited to drivers of commercial vehicles; drivers transporting hazardous waste; and operators of commercial watercraft or aircraft.

During the past two years, have you applied for or worked in any covered position as defined above? Yes No

If Yes, please provide the name and address of all such employers or prospective employers:

During the past two years, have you ever failed (i.e., tested positive for drugs or alcohol) or refused to take a DOT drug and/or alcohol pre-employment test from an employer who did not hire you? Yes No

If yes, please provide the name and address of all such prospective employers:

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of this information or material omission is grounds for termination of my employment at any time.

I understand and agree to the following:

1.) My prior employers, and any other references listed on this application, are authorized to give the Company any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.

I release all persons or entities from all liability for any damage that may result from furnishing information to the Company. I also release the Company and all of its employees from all liability for any damage that may result from the Company's reliance on the information furnished.

2.) Any offer of employment with the Company may be contingent upon my successful completion of a pre-employment physical examination which includes a blood, urine, and/or other medical test for alcohol, drugs and controlled substance. Prior to testing, I agree to sign the Company's authorization forms wherein I will agree to submit to such testing and to authorize the results to the Company. The physical examination and substance test will be conducted at the Company's expense by a health care provider selected by the Company.

3.) If I fail to comply with any of the requirements set forth above, I understand that an offer of employment will be rescinded or my employment will be terminated. In consideration of my employment, I agree to conform to the Company's policies, rules, and regulations. I understand and agree that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, and with or without notice, at any time, at my option or the Company's option. I further understand and agree that this at-will employment relationship as defined above will remain in effect throughout my employment with the Company, or any of its parent or affiliated companies, unless it is modified by a specific, express written employment contract which is signed by the President of the Company and me.

Signature: _____

Date: _____