

**DANA POINT MARINA COMPANY
APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)**

PERSONAL INFORMATION					DATE _____
NAME					
	LAST	FIRST	MIDDLE		
PRESENT ADDRESS					
	STREET		CITY	STATE	ZIP
PERMANENT ADDRESS					
	STREET		CITY	STATE	ZIP
PHONE NO.			ARE YOU 18 YEARS OR OLDER <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY DUE TO VISA, CITIZENSHIP OR IMMIGRATION STATUS? YES <input type="checkbox"/> _____ NO <input type="checkbox"/> _____					

EMPLOYMENT DESIRED		
POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE? WHERE? WHEN?		
REFERRED BY		

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER EDUCATION, TRAINING AND CERTIFICATIONS				

GENERAL	
SUBJECTS OF SPECIAL STUDY	
COMPUTER SKILLS	
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
RANK	

CONTINUED ON OTHER SIDE

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE (3) PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE (1) YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF EMERGENCY NOTIFY:

NAME	ADDRESS	RELATIONSHIP	PHONE NO.

“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT PROVIDING ANY FALSE INFORMATION, OMISSIONS, OR MISPRESENTATIONS ARE GROUNDS FOR REJECTION OF THIS APPLICATION OR IF EMPLOYED, IMMEDIATE TERMINATION. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S RULES AND REGULATIONS, AND AGREE THAT EMPLOYMENT WITH DPMC IS “AT WILL” AND COMPENSATION AND/OR EMPLOYMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE, OR NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY’S OPTION.

POSITIONS WITH DPMC MAY REQUIRE A PREPLACEMENT PHYSICAL AND DRUG TEST AT THE OPTION OF DPMC.

DATE: _____ SIGNATURE: _____

APPROVED: 1.	2.	3.
EMPLOYMENT MANAGER	DEPT. HEAD	GENERAL MANAGER