



# SEAVIEW BOATYARD, INC.

4701 Shilshole Avenue NW, Seattle, WA 98107  
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2652 Harbor Loop Drive, Bellingham, WA 98225

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Phone: (360) 676-8282 Fax: (360) 676-8285

## EMPLOYMENT APPLICATION

Programs, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview. <b>APPLICANT DATA:</b> How were you referred to us:	Date of Review / /
	Position Applied For:
	Date Available to Start: / /

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(    ) \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ DOB: Optional / / \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Have you ever worked for this company?  Yes  No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you a citizen of the United States?  Yes  No \_\_\_\_\_

If not, are you legally allowed to work in the United States?  Yes  No \_\_\_\_\_

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal \_\_\_\_\_

Have you every pleaded "guilty," "no contest," or been convicted of a crime?  Yes  No \_\_\_\_\_

If yes, give dates and details: \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number if applicable to position: \_\_\_\_\_ State: \_\_\_\_\_

### SUMMARIZE YOUR SPECIAL SKILLS AND/OR QUALIFICATIONS

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**PREVIOUS EMPLOYMENT**

Dates of Employment: From: / / To: / / Position Held:

Company Name: Address:

Phone: ( ) Supervisor: Title:

Responsibilities:

Reason for Leaving:

May we contact this employer for a reference:  Yes  No

Dates of Employment: From: / / To: / / Position Held:

Company Name: Address:

Phone: ( ) Supervisor: Title:

Responsibilities:

Reason for Leaving:

May we contact this employer for a reference:  Yes  No

Dates of Employment: From: / / To: / / Position Held:

Company Name: Address:

Phone: ( ) Supervisor: Title:

Responsibilities:

Reason for Leaving:

May we contact this employer for a reference:  Yes  No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant:

Date:

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