

Canandaigua, NY 14424 Phone: (585) 394-0918 Fax: (585) 394-0977

## APPLICATION FOR EMPLOYMENT

Please answer all questions. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name	Phone Number
Address	
How Long Have You Lived There/	Email Address (optional)
	Desired Salary/Hourly Rate
If under the age of 18, can you produce the nec	essary work certificate? Yes No
Type of employment desired? Full Time	Part Time (Specify Hours)
Are you willing to work overtime? Yes N	No Date you could start work if hired
Have you previously applied for, or been emple	oyed, with this company? YesNo
If Yes, when did you apply? Or provide dates of	of employment and reason for leaving

FRUGATION	SCHOOL NAME &		GRADUATE?	# OF YEARS	
EDUCATION	LOCATION	COURSE OF STUDY	Y or N	COMPLETED	DEGREE/MAJOR
HIGH SCHOOL					
					4
COLLEGE					
BUS./TECH/TRADE OR	,				
POST COLLEGE					

## **WORK EXPERIENCE**

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume".

Name	Address			T	Type of Business			
Phone	Da	tes Employed	From	/	/	To	/	/
Job Title	D	uties						
Supervisor's Name		1	May we co	ontact? Y	N_	If no	o, why n	ot?
Wages Start	Final	Reason f	for leaving					
What will this employ	er say was the	reason your en	nployment	terminat	ted?			
How much notice did	you give when	resigning? If a	none, expla	ain				
Name	Add	ress				— — T	Type of I	Business
Phone	Da	tes Employed	From	/	/	To	/	/
Job Title	D	uties						
Supervisor's Name		I	May we co	ontact? Y	N_	If no	o, why n	ot?
Wages Start	Final	Reason f	for leaving					
What will this employ	er say was the	reason your en	nployment	terminat	ted?			
How much notice did								

Has your employment	ever been terminated l	by mutual agreement?	Y N	
Have you ever been gi	ven the choice to resig	n rather than be termina	ated? Y N	
If you answered Yes to	any of the above ques	stions, please explain th	e circumstances of each oc	ecasion.
			contact. Individuals with no	prior
work experience may l			WORK RELATIONSHIP (i.e. supervisor, co-	,
NAME	POSITION	COMPANY	worker)	TELEPHONE
Please list the names of we may contact.	f personal references (	not previous employers	or relatives) who know yo	u well that
NAME	OCCUPATION	ADDRESS	TELEPHONE	# OF YEARS KNOWN

Y\_\_\_\_ N\_\_\_

Have you ever been terminated or asked to resign from any job?

## APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for New York State.

I understand that the Sutter's Canandaigua Marina, Inc. has a drug-free workplace. If a drug and/or alcohol test is positive, employment will be terminated. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local law.

If employed by Sutter's Canandaigua Marina, Inc., I understand and agree that the company, as permitted by federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of company property and, in certain circumstances, my personal property.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF SUTTER'S, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize Sutter's to confirm all statements contained in this application and/or resume as it relates to the position I am applying for to the extent permitted by federal, state or local law. I authorize Sutter's to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information. If hired by Sutter's, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by Sutter's. I also understand that Sutter's employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

Applicant Signature		Date	/	/
If the applicant is a minor, the for parent or legal guardian. Signatur acknowledgement by the applicar Marina, Inc., to the extent permittillegal or controlled substances ar	e by the applicant's parent or and the parent or legal guarded by federal, state and local	legal guardian of dian that Sutter law, can test the	constitute's Canan e applica	es daigua
Parent/Legal Guardian	Witness			
Data	Date			