



MARINE GROUP
BOAT WORKS

SAN DIEGO BAY | LOS CABOS

Marine Group Boat Works

997 G Street • Chula Vista, CA 91910
Ph (619) 427-6767 • Fax 619-427-0324
Email: erika@marinegroupbw.com
www.marinegroupbw.com

EMPLOYMENT APPLICATION

Please Print Clearly

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, 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 OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

MARINE GROUP BOAT WORKS ADHERES TO IT'S AFFIRMATIVE ACTION PLAN IN COMPLIANCE WITH 41 CFR 60-1.40 AND 60-2.1 THROUGH 60-2.17 REGULATIONS AND FEDERAL LAWS RELATING TO EQUAL EMPLOYMENT OPPORTUNITIES AND AFFIRMATIVE ACTION.

PERSONAL

NAME		Date:	
STREET		SOCIAL SECURITY	
CITY		HOME PHONE	
STATE	ZIP	CELL PHONE	E-MAIL

EDUCATION

NAME & LOCATION	FROM	TO	DEGREE/MAJOR/GPA	DATE GRADUATED
HIGH SCHOOL				
COLLEGE				
OTHER				

SPECIAL SKILLS/TRAINING/CERTIFICATIONS (Applicable to Employment)

MILITARY SERVICE

POSITION	RANK	DUTIES	SALARY		REASON FOR
			FROM	TO	CHANGE IN RANK

EMPLOYMENT (Start with most Recent)

FROM	TO	EMPLOYER	TEL.
JOB TITLE		DUTIES	
SUPERVISOR'S NAME			
STARTING SALARY			
ENDING SALARY		REASON FOR LEAVING	

MAY WE CONTACT EMPLOYER AT ABOVE NUMBER? YES NO**EMPLOYMENT (Start with most Recent)**

FROM	TO	EMPLOYER	TEL.
JOB TITLE		DUTIES	
SUPERVISOR'S NAME			
STARTING SALARY			
ENDING SALARY		REASON FOR LEAVING	

MAY WE CONTACT EMPLOYER AT ABOVE NUMBER? YES NO**EMPLOYMENT (Start with most Recent)**

FROM	TO	EMPLOYER	TEL.
JOB TITLE		DUTIES	
SUPERVISOR'S NAME			
STARTING SALARY			
ENDING SALARY		REASON FOR LEAVING	

MAY WE CONTACT EMPLOYER AT ABOVE NUMBER? YES NO**ADDITIONAL DATA**

POSITION APPLIED FOR:
SCHEDULE DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY
LIST ANY DAYS/HOURS YOU ARE UNABLE TO WORK:
RATE OF PAY DESIRED:
HOW DID YOU HEAR ABOUT THIS JOB?
HAVE YOU WORKED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW LONG?
PREVIOUS POSITION:
REASON FOR LEAVING:
LIST FRIENDS OR RELATIVES WORKING WITH US NOW:

PERSONAL REFERENCES

NAME	ADDRESS	RELATIONSHIP	TELEPHONE

I certify that all the information on this application, my résumé, 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.

APPLICANT'S SIGNATURE_____
DATE