Somers Cove Marina

Application For Seasonal Employment

Please Print all Information



1. Applying for:

Title of job:			Social Security Numb	oer			
Birth Date:							
Month	Day Year						
2. Tell Us Who Y	ou Are:						
Name							
L	ast	First		МІ			
Address Street		City	State	County	Zip		
			Cell Phone				
Email							
3. Tell Us About Your Education:							
High School graduate or	r GED? Yes	No	lf no, highest	grade completed			
High School name, addr	ress and dates atter	nded:	Trade/Technical Sch	hool name, address and o	dates attended:		
Major course of study:							

College graduate? Yes___ No___ If no, number of credits completed____

Undergraduate College/University	Graduate School		
Address:	Address:		
Pertinent undergraduate courses:	Pertinent graduate courses:		

4. Tell Us About Your Work Experience

Your present or last job. Date From:	Date To):	_
Where did you work? Name of employer:			
Address where you worked:			
Stre	et City	State	Zip
Your Supervisor's name and phone numb	per:		
Your job title:			
Hours per week: Job Duties inclu			
Reason for leaving:			
Did you supervise anyone in your previou			
Your previous job. Date From:	Date To:		
Where did you work? Name of employer:			
Address where you worked:			
Stre	City	State	Zip
Your Supervisor's name and phone numb	oer:		
Your job title:			
Hours per week: Job Duties inclu	uded:		
Reason for leaving:			
Did you supervise anyone in your previou	us employment? Yes No	D	
Your previous job. Date From:	Date To:		
Where did you work? Name of employer:			
Address where you worked:	et City	State	Zip
Your Supervisor's name and phone numb	per:		
Your job title:			
Hours per week: Job Duties inclu			
Reason for leaving:			

Did y	you su	pervise an	yone in [•]	your	previous	emplo	yment?	Yes	No

5. Civic Information? Please use this space below for any additional information you feel pertinent. (i.e. honor roll, member of school athletic program, club or organization, hobbies, etc.)

6. Do You Have a License or Certificate For a Trade or Profession?

(i.e. first aid, lifeguard certification, etc.) Yes___ No____ If yes, please submit a copy with this form.

7. Please Include Your License Number and Expiration Date. Please include a copy of your Drivers License and Social Security Card or US Passport with this application. If needed, the Marina Office can make a copy for you when you submit the application.

D.L. #	Exp. Date	State of Issue

Have you ever been convicted of any violation of law other than minor traffic violations? Yes_____ No_____

If yes, give date, place of conviction, charge and disposition of each case. The information provided is looked upon only as one of the factors considered in the employment decision and is evaluated on a case-by-case basis in terms of nature, severity, date of the offense and in relation to the position for which you are being considered. Conviction of a crime will not necessarily bar you from employment. (Labor and Employment Article, Section 3-702 (b) Annotated Code of Maryland).

8. Statistical Information: To further its commitment to equal opportunity employment, the Somers Cove Marina requests applicants to provide voluntary, the following information. This information will be used for statistical purposes only by authorized personnel.

Race/Ethnic Identification- Please Check One Only

- 1. ____ White (not of Hispanic origin): Includes persons having origin in any of the original peoples of Europe, North Africa or the Middle East.
- 2.____ Black (not of Hispanic origin): Includes persons having origin in any of the Black racial groups of Africa.
- 3. ____ Asian or Pacific Islanders: Includes persons having origins in any of the original peoples of the Far East, South East Asia, the Indian Sub Continent, or the Pacific Islands.

4	American Indian or Alaskan Native: Includes persons having origins in any of the original peoples or North America, and who
	maintain cultural identification through tribal affiliation.

5	Hispanic: Includes persons of Mexican,	Puerto Rican,	Cuban,	Central or So	outh American,	or other Spanish	culture or o	origin,
	regardless of race.							

Marital Status:	
Military: Veteran Active Reserve N/A	
Emergency Contact Person 1:	Phone#
Relation:	
Emergency Contact Person 2 :	Phone#
Relation:	
Do you have a Boater Safety Card? Yes No If yes, plea	ase include a copy.
If you do not have a card, would you be willing to take the course? Yes	No

You must be legally authorized to work in the United States under the United States Immigration Reform and Control Act of 1996.

You may be tested for illegal drug use. If selected for a position in the classified service you may be given a medical examination to determine your ability to perform job related functions.

I hereby affirm that this application contains no willful misrepresentations or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disproved, my name removed from the eligible list and that I will not be certified for employment in any position under the jurisdiction of the Department of Personnel. I am aware that a false Statement is punishable under law by fine or imprisonment or both.

DATE:______ SIGNATURE OF APPLICANT: ______

APPLICATIONS BE ACCEPTED IN PERSON ONLY. YOU WILL RECEIVE A PHONE ALL OR EMAIL FOR AN INTERVIEW AS POSITIONS OPEN.