

RCS Yacht Refinishers

PO Box 145 Maryville, Michigan 48040

ryan@rcsrefinishers.com

Application for Employment

PLEASE PRINT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

| | | | |
|---|--|--|--|
| Position(s) Applies For | | Date of Application | Salary Desired |
| How Did You Learn About Us? | <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Friend <input type="checkbox"/> Relative | <input type="checkbox"/> Walk-in <input type="checkbox"/> Other |
| Last Name | First Name | Middle Name | |
| Address Number Street City State Zip Code | | | |
| Telephone Number(s) | | | |

If you are under 18 years of age, can you provide required proof of your eligibility? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date will you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

| | Name and Address of School | Course of Study | Years Completed |
|-----------------------|----------------------------|-----------------|-----------------|
| Elementary School | | | |
| High School | | | |
| Undergraduate College | | | |
| Graduate/Professional | | | |
| Other (Specify) | | | |

| Indicate any foreign languages you can speak, read and / or write | | | |
|---|--------|------|------|
| | FLUENT | GOOD | FAIR |
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

| |
|--|
| Describe any specialized training, apprenticeship, skills and extra-curricular activities. |
| |

| |
|--|
| Describe any job-related training received in the United States military |
| |

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Employment Experience

1

| Employer | Dates Employed | | Work Performed |
|---------------------|----------------|--------------------|----------------|
| | From | To | |
| Address | | | |
| Telephone Number(s) | | Hourly Rate/Salary | |
| | | Starting | Final |
| Job Title | Supervisor | | |
| Reason for leaving | | | |

2

| Employer | Dates Employed | | Work Performed |
|---------------------|----------------|--------------------|----------------|
| | From | To | |
| Address | | | |
| Telephone Number(s) | | Hourly Rate/Salary | |
| | | Starting | Final |
| Job Title | Supervisor | | |
| Reason for leaving | | | |

3

| Employer | Dates Employed | | Work Performed |
|---------------------|----------------|--------------------|----------------|
| | From | To | |
| Address | | | |
| Telephone Number(s) | | Hourly Rate/Salary | |
| | | Starting | Final |
| Job Title | Supervisor | | |
| Reason for leaving | | | |

4

| Employer | Dates Employed | | Work Performed |
|---------------------|----------------|--------------------|----------------|
| | From | To | |
| Address | | | |
| Telephone Number(s) | | Hourly Rate/Salary | |
| | | Starting | Final |
| Job Title | Supervisor | | |
| Reason for leaving | | | |

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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Additional Information

| | | |
|---|--------------------------|--|
| Other Qualifications | | |
| Summarize special job-related skills and qualifications acquired from employment or other experience. | | |
| | | |
| | | |
| Specialized Skills Check Skills/Equipment Operated | | |
| Boat Building Yes___ No___ | Body work Yes___ No___ | Do You Have Your Personal Tools Yes___ No___ (List of Tools) |
| Fairing/Surfacing Yes___ No___ | Rigging Yes___ No___ | |
| Fiberglass Laminating Yes___ No___ | Woodworking Yes___ No___ | |
| Painting Yes___ No___ | Mechanical Yes___ No___ | |
| Paint Spraying Yes___ No___ (List Equipment) | Other | |

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: PLEASE ASK IF YOU ARE UNAWARE OF THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? ___ Yes ___ No

References

| | | |
|---|-----------------|-----------------|
| 1 | (Name) _____ | () _____ |
| | (Address) _____ | (Phone #) _____ |
| 2 | (Name) _____ | () _____ |
| | (Address) _____ | (Phone #) _____ |
| 3 | (Name) _____ | () _____ |
| | (Address) _____ | (Phone #) _____ |
| | | |

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Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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PRE-EMPLOYMENT DRUG TEST

As a condition of employment all selected applicants must pass a drug test. The applicant will be tested for the following specified drugs and subject to the cutoff levels in 49 CFR 40.29 (e)(f).

- a Marijuana
- b Cocaine
- c Opiates
- d Phencyclidine (PCP)
- e Amphetamines

By signing this statement you agree to the Pre-Employment Drug Test. If under 18, parental consent required.

Print Name

Signature

Date

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Authorization for Release of Information

By applying for appointment or reappointment to RCS Yacht Refinishers staff in Clinton Twp, MI, I hereby signify my willingness to appear for interviews in regard to my application, authorize RCS Yacht Refinishers, and their representatives to consult with appropriate past or present supervisors/employers.

I hereby further consent to the inspection by individuals authorized by RCS Yacht Refinishers and their representatives of all records and documents that may be material to evaluate my qualifications and competence to carry out the duties as outlined to me.

I release to RCS Yacht Refinishers, its representatives and agents, from liability, for acts of omission performed in good faith and without malice in evaluating the application as well as those who provide information to RCS Yacht Refinishers, in good faith and without malice. I consent to the release of such information, including otherwise privileged and/or confidential information to other facilities and persons with a legitimate interest and agree to hold RCS Yacht Refinishers, its representatives and agents free of liability for their actions performed in good faith as part of the quality assurance program, the credentialing process, peer review, and medical evaluation activities.

I am willing that a Photostat/faxed copy of this authorization be accepted with the same authority as the original.

Print Name

Signature

Date