

**LaPrade's Marina**  
 25 Shoreline Trail,  
 Clarkesville, GA 30523  
 Office: (706) 947-0010  
 Email: lapradesmarina@outlook.com



## 2023 Employment Application

We are an Equal Opportunity Employer

Please complete the entire application.

Date: \_\_\_\_\_

Applicant Information	
Name (first, middle, last)	
Address (street, city, state, zip code)	Mobile Telephone (     )
Email Address	Home Telephone (     )
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes.	
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization.)	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No  If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.	
Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No     If yes, when: _____	Have you ever worked at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No     If yes, when: _____

Position Applying For (Please check all that apply)	Part-Time or Full-Time Desired	Salary Preference	Operation Hours
<input type="checkbox"/> Dry Storage Attendant			<b><u>May 4 – May 25:</u></b> Thurs-Mon 9am-5pm
<input type="checkbox"/> Ship Store Attendant			<b><u>May 26 – August 12:</u></b> Everyday 8am-6pm
<input type="checkbox"/> Dock Hand			<b><u>August 13 – September 04</u></b> Thurs-Mon 8am-6pm

<b>When can you start?</b>
How were you referred to the company? <input type="checkbox"/> Agency <input type="checkbox"/> Company Website <input type="checkbox"/> Friend/Relative _____ <input type="checkbox"/> Social Media  <input type="checkbox"/> School <input type="checkbox"/> Other _____

**Special Skills**

1. If relevant, please describe computer proficiency, software knowledge, and office equipment experience.

2. If relevant, please describe your experience using manufacturing machines and equipment.

**Education**

School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:

**Training Courses**

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

**Employment History (start with most recent; use separate sheet if necessary)**

Name of Employer		Telephone (    )	
Address			
Job Title		Employment Dates (month and year)	
Name of Immediate Supervisor		From    To	
Description of Duties			

Salary — start	Salary — end	Reason for Leaving
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer		Telephone (      )
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From      To	
Description of Duties:		
Reason for Leaving:		
<b>Employment References</b>		
List individuals familiar with your job qualifications (no relatives or personal friends).		
Name	Telephone (      )	
	Email Address	
Address		
Relationship	How long known?	
Name	Telephone (      )	
	Email Address	
Address		
Relationship	How long known?	

**Please Read Carefully Before Signing This Form**

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by Applicant \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your interest in our company.