



# WESTPORT MARINA, INC and The Galley Restaurant & Bar

20 Washington Street, P.O Box 410, Westport, NY 12993  
(518) 962-4356 Fax (518) 962-4725

[www.WestportMarina.com](http://www.WestportMarina.com) E-mail: [TheCrew@WestportMarina.com](mailto:TheCrew@WestportMarina.com)

## Job Application

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Cell \_\_\_\_\_

Summer Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Best way contact: . \_\_\_\_\_

Are you age 18 or older?  Yes  No If "no" date of birth. \_\_\_\_\_

Are you legally eligible to work in New York State?  Yes  No

If hired you will need to provide proof of ability to work, including SS card, photo ID or other proof of birth and citizenship;  
plus, if a non-graduate, under age 18, a NYS school certificate of work eligibility.

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes  No

If yes, Explain on another page. A conviction will not necessarily bar you from employment.

Do you Smoke?  Y or  N

If yes, can you comply with our policy that employees may not smoke on company property  Y or  N

Position Desired  Marina  Galley  Any Preference: . \_\_\_\_\_

What date can you start work \_\_\_\_\_ Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

Can you work on Saturdays?  Y  N. Sundays?  Y  N. Evenings?  Y  N

Any planned absence of 3 or more days?  No  Yes, explain \_\_\_\_\_

\_\_\_\_\_ When is you anticipated last date of work? \_\_\_\_\_

Will you be available Labor Day Weekend (Sept 4-5, 2010)  Y or  N

## Skills & Experience

---

---

---

---

---

The best strength or asset you would bring to this job \_\_\_\_\_

---

---

---

---

# Westport Marina and The Galley Restaurant

Job Application pg 2

Education	Name of School	Location	Years attended	Subject or Degrees or certificate
High School				
College				
Trade/Tech Business Schools				

Special Study topics or training \_\_\_\_\_

US Military Service \_\_\_\_\_

### Two most recent jobs

•Company & location \_\_\_\_\_ Phone \_\_\_\_\_  
 Position/job \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates \_\_\_\_\_  
 Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

•Company & location \_\_\_\_\_ Phone \_\_\_\_\_  
 Position/job \_\_\_\_\_ Supervisor \_\_\_\_\_ Dates \_\_\_\_\_  
 Salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

### References

Please give 2 references who are not related to you, other than the employers named above

•Name: \_\_\_\_\_ Occupation/title \_\_\_\_\_  
 Phone \_\_\_\_\_

•Name: \_\_\_\_\_ Occupation/title \_\_\_\_\_  
 Phone \_\_\_\_\_

Please attach full resume, if available

I certify that information contained in this application is true and complete to the best of my knowledge. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above and the references, schools, teachers and employers to give you any pertinent information they may have.

X \_\_\_\_\_  
 Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Received date \_\_\_\_\_ by \_\_\_\_\_ Interviewed \_\_\_\_\_

Please return by fax or mail to addresses in heading

4/16/10