



Lake Stanley Draper Marina & Café
(PolarFirm LCC)



Application for Employment

P e r s o n a l	Name	
	Street Address	
	City, State, Zip	SSN
	Phone () -	Alt./ Cell Phone () -
	E-mail Address:	
	Hours / Days Available	

W o r k E x p e r i e n c e	1	First Most Recent - Company Name	Telephone () -
		Address	Employed (State Month & Year) From To
		Name of Supervisor	Hourly Pay Start Last
		Job Title / Work Description	Reason for Leaving
		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	2	Second Most Recent - Company Name	Telephone () -
		Address	Employed (State Month & Year) From To
		Name of Supervisor	Hourly Pay Start Last
		Job Title / Work Description	Reason for Leaving
		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3	Third Most Recent - Company Name	Telephone () -
		Address	Employed (State Month & Year) From To
		Name of Supervisor	Hourly Pay Start Last
		Job Title / Work Description	Reason for Leaving
		May We Contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

O t h e r	Education Level <input type="checkbox"/> Some High School <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Degree <input type="checkbox"/> Other _____
	Other Information You Feel Is Relevant _____ _____

*Please read and sign on reverse side (second page)
Application my be emailed to Manager@lakedraper.com*

**Lake Stanley Draper Marina & Café
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Application for Employment (cont)**

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR
UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

- 1 I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or, if hired, for immediate termination.**
- 2 I understand that if hired by the PolarFirm, LLC, my employment would be an at-will relationship, which means it could be terminated, with or without notice at any time, by me or by my employer, for any reason or for no reason at all, but not for an illegal reason.**
- 3 I also certify that no supervisor, manager, or representative of the PolarFirm, LLC has made promises to me that would create a contract between the Company and me, or has made promises that would in any way alter the at-will relationship.**
- 4 I understand that as a condition of initial employment, and continued employment I will be subject to alcohol and drug testing as set forth by the Company.**
- 5 I authorize any of the person or organizations references in this application to give you any and all information concerning my previous employment, education, or any other information that they might have, person or otherwise, with regard to any other subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.**

THIS APPLICATION MUST BE SIGNED

Signature-Applicant

Date