



1203 Whitman Hollow Road, LaFollette, TN 37766

**Application for Employment**

Whitman Hollow Marina is an equal opportunity employer. This application will not be used for limiting or excluding and application from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

**Applicant Information**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Employment Position**

*Position(s) applying for:*

What position are you applying for? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

What days are you available for work?      SUN      MON      TUE      WED      THU      FRI      SAT

What hours or shifts are you available to work? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

On what date can you start working, if you are hired? \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_

**Personal Information**

Do you have any friends, relatives, or acquaintances working for Whitman Hollow Marina, L.L.C.?      YES      NO

If yes, please state name and relationship: \_\_\_\_\_

Are you a U.S. Citizen?      YES      NO

Have you ever been convicted of a criminal offense (felony or misdemeanor)?      YES      NO

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

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**(Note:** No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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**Education and Training**

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services? \_\_\_\_\_ What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_ How many years did you serve in the military? \_\_\_\_\_

**Previous Employment**

Employer Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_  
**City, State, and Zip Code:** \_\_\_\_\_  
**Employer Telephone:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_  
**Employer Address:** \_\_\_\_\_  
**City, State, and Zip Code:** \_\_\_\_\_  
**Employer Telephone:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

**References**

Please provide 2 personal and/or professional references below:

Name	Contact Information

**AT-WILL EMPLOYMENT**

The relationship between you and Whitman Hollow Marina is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, be you or the Whitman Hollow Marina. No representative of Whitman Hollow Marian has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and our company’s president.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_