



**Employment/Work Experience:** Starting with your present or most recent position. Include military assignment and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

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Employer: \_\_\_\_\_ Monthly Income \_\_\_\_\_  
Street Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ (month/Year)  
City: \_\_\_\_\_ ST: \_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Describe Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving? \_\_\_\_\_ May we contact?  Yes  No

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Employer: \_\_\_\_\_ Monthly Income \_\_\_\_\_  
Street Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ (month/Year)  
City: \_\_\_\_\_ ST: \_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Describe Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving? \_\_\_\_\_ May we contact?  Yes  No

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Employer: \_\_\_\_\_ Monthly Income \_\_\_\_\_  
Street Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ (month/Year)  
City: \_\_\_\_\_ ST: \_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Describe Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving? \_\_\_\_\_ May we contact?  Yes  No

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Employer: \_\_\_\_\_ Monthly Income \_\_\_\_\_  
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City: \_\_\_\_\_ ST: \_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Describe Duties and Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving? \_\_\_\_\_ May we contact?  Yes  No

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**Personal References:** Please provide three names, non-family, addresses, telephone numbers, relationship, and how long they have known you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long? \_\_\_\_\_

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**Special Skills:** Describe any special skills or qualifications for this work: \_\_\_\_\_

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I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize Alliance DFW Boating Center, Inc. to investigate any statement contained in this application, and to obtain a credit report on me as necessary to determine my qualifications. I understand this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also that I am required to abide by all rules, regulations and policies of Alliance DFW Boating Center, Inc.

I am a US citizen  My closest relative is: \_\_\_\_\_

Location: \_\_\_\_\_  
(Address) (City) (ST) (Zip)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

<b>Internal Use only:</b>	
<b>Interview notes:</b>	
_____ _____ _____	
Interview Score: _____	
Background Check: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Drug screen: <input type="checkbox"/> Pass <input type="checkbox"/> Failed