



Star Line Mackinac Island Hydro-Jet[®] Ferry

Employment Application

Application Information

Full Name: _____
Last First M.I.

Address: _____
Street Address

_____ *City State ZIP Code*

Phone #: _____ **Email:** _____

Are you 18 or older?: _____ (If no, a work permit will be required) **Social Security #:** _____

Do you posses a vaild driver's license?: _____ **Type:** _____ **State:** _____ **DL#:** _____

Position Applied For: _____ **Date you can start:** _____

Are you a citizen of the United States?: Yes No **If no, are you authorized to work in the U.S.?** _____

Have you ever worked for this company? Yes No **If yes, when?** _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Education

High School: _____ **Address:** _____

From: _____ **To:** _____ **Did you Graduate?:** _____ **Diploma:** _____

College: _____ **Address:** _____

From: _____ **To:** _____ **Did you Graduate?:** _____ **Degree:** _____

Other: _____ **Address:** _____

From: _____ **To:** _____ **Did you Graduate?:** _____ **Degree:** _____

Other: _____ **Address:** _____

From: _____ **To:** _____ **Did you Graduate?:** _____ **Degree:** _____

Previous Employment

In order of most recent

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Start Date: _____ End Date: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

How were you referred to us? _____

List any friends or relatives working for us: _____

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

NOTICE

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning my workers compensation claims, motor vehicle operation history. Along with criminal history from state and private insurance sources and other public records available. Workers' compensation information will only be requested in compliance with ADA and or any applicable state laws.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION INSURANCE BUREAU, EMPLOYER OR INSURANCE COMPANY TO COOPERATE AND FURNISH ABOVE MENTIONED INFORMATION.

I further acknowledge that a FAX or photo copy of this authorization shall be valid as the original. This release includes all that state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be advised and be given the name of the agency or source of the information.

Upon signing this application, I represent that all the information now or hereafter given by me is support of my application is true and complete. I authorize the company to verify any information concerning my employment, education, credit etc. with the appropriate institutions, agencies, individuals and companies, and I authorize them to release such disclosure.

PATENT AND COPYRIGHT AGREEMENT

In consideration for wages received during my employment, to include any bonus which I may be rewarded, I hereby assign to the company, all rights to any patents and copyrights obtained as a result of my work for the company. It is agreed that the company has the exclusive right to use and assign such patents or copyrights and to establish related licensing agreements as deemed necessary for its best interest.

UNDERSTANDING

I agree that any false information in support of my application may subject to discharge at any time during the period of my employment.

I agree that, if hired, I will become an at will employee and that either party may terminate the employment relationship, with or without cause at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the general manager of this form.

I agree that I shall be bound by the other rules, policies regulations and terms and conditions of employment of this firm as they are from time to time, and no additional obligations can be imposed on the company except those which have been acknowledged in writing, by the president or his designated representative. I hereby authorize the firm to deduct from each and every period of my pay amounts necessary to offset any damages caused by me for the value of property or money entrusted to me by, or owed by me, to the firm during the course of my employment.

I agree that any action or suit against the company arising out of my employment, or termination employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the firm and the firm prevails, I will pay any and all costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my pre-placement physical (if such physical is required) are known.

Signature: _____

Date: _____