



Application for Seasonal Employment

LAST	MIDDLE	FIRST	
Name			
STREET		CITY	STATE
Mailing Address			
Date of Birth (M/D/Y) ___ / ___ / ___		Phone	
Email			

- If hired, can you provide proof of authorization to work in the United States? Yes No
- Do you have a valid Driver's License? Yes No
 If yes, which State: _____ Driver's License number: _____
- Have you ever been convicted of a felony? Yes No
 If yes, please explain: _____
- Have you ever been employed by The Jet Express? Yes No
 If yes, please list work location and dates employed: _____
- Can you perform the specific job functions for which for which you are applying, without limitations? Yes No
 If no, please explain: _____

Availability

Please complete the following: (Fill in the dates applicable to you.)

I will be available to work beginning on ___ / ___ / ___

I will be available to work # ___ hours per week ANY SHIFT and ANY DAY during the summer. season from ___ / ___ / ___ through ___ / ___ / ___ (Explain any restrictions below.)

If you are seeking part-time employment, or have a restricted schedule, describe your availability below. Please be specific:

Days of the week available: Mon. Tue. Wed. Thur. Fri. Sat. Sun. Hours per week: # _____

Will you require time off this summer for personal or academic reasons? Yes No
 If yes, please explain below and include dates:

* For application purposes only. (Formal request for time off is required if hired.)

Job Preference

Home Location (check one) :
 Port Clinton Sandusky Put-in-Bay Kelleys Island
 Would you be willing to work at other locations if needed? Yes No

Preferred Shift (check one) : AM PM
 Would you be willing/able to work at other shifts if needed? Yes No

Check the positions below that'd you're applying for.
 (You can check more than one.)

- Parking Lot Attendant
- Dockside Security
- Ticket Sales
- Dockside Crew
- Onboard Crew *(Must be at least 18.)*
- Captain *(100 Masters License & commerial experience required.)*
- Server/Bartender *(Must be at least 21.)*
- Shift Leader *(Must be at least 18.)*
- Sanitation Crew

Please be advised, random drug testing, pre-employment drug testing, and a background check may be required as a condition of employment. Applicable by law and by USCG regulation.

Employment History

Company/Employer Name & Address	Dates	Position Held	Supervisor	Reason For Leaving

Education

School	Name & Location	Major	Circle Highest Grade Completed as of Current Year			
High School			9	10	11	12
College			1	2	3	4
Other			1	2	3	4
List special training or skills (Computer, Cash Register, Advanced Lifesaving, Red Cross Lifeguarding, C.P.R., Standard First Aid, etc.)			<input type="checkbox"/> Check here if you are presently in high school and will be graduating this year.			

References

Name	Address	Phone	How is this person associated with you? (business, personal, academic)

PERSON TO NOTIFY IN CASE OF EMERGENCY
NAME
ADDRESS
PHONE
RELATIONSHIP

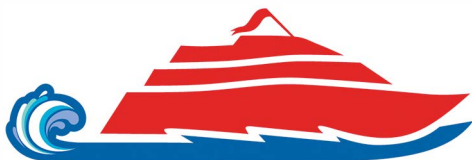
Uniform Information

Please select shirt size for company uniform.	Shirt sizes shown are available in both Mens & Womens. XS S M L XL 2XL 3XL 4XL
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PLEASE READ CAREFULLY BEFORE SIGNING... I certify that all statements on this application are correct and understand that any false statements shall be sufficient cause for rejection of my application or dismissal if hired. I grant permission to investigate any of the information included in this application, including checking my references.

In the event of employment, I understand that such employment is at will and concludes at the end of the season. Also, if employed, I authorize the Company to notify my family and/or some other persons whom I have designated in the event of an emergency as defined by management. Furthermore, if employed, I agree to abide by all present and future rules of the Company.

And, in the event of employment, and in consideration thereof, the Company and any person or concern it may authorize, shall be entitled without further consent to reproduce, publish, circulate, copyright or otherwise use any photograph, audio or video recording, reproduction or testimonial including the use of my name in any advertising, publicity, newspaper or publication relating to the Company and any person or concern it may authorize from all rights, claims, demands and causes of action in connection with the use or publication of said material including the use of my name.



Signature: _____

Date: _____