

**DISCOVERY BAY YACHT HARBOR, LLC
APPLICATION FOR EMPLOYMENT**

We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of Discovery Bay Yacht Harbor, LLC (hereinafter "Company") to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.

To help us learn about your experience and abilities, please complete this Application for Employment as thoroughly as possible.

PERSONAL INFORMATION

NAME (Please PRINT):	Social Security No.:	Cell Phone:
ADDRESS (street number/name, city, state, zip):	Email:	
	Years at present address?	
PREVIOUS ADDRESS (street number/name, city, state, zip):	Years at previous address?	
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please refer to the attached job description for the position to which you are applying. Are you able to perform all of these tasks with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please describe below any tasks, you will need an accommodation to perform, and explain what type of accommodation you will need:		

EMPLOYMENT DESIRED

Type of POSITION desired:	Date Available:	Wages desired:
Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, may we contact your present Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please refer to the job description for the position for which you are applying. Will you be able to work the schedule described to you? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, please describe how the Company could accommodate you:		
Have you ever applied to this Company before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	Have you ever been employed by this Company before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?	
How were you referred to this Company? (Please identify source below) <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> Agency <input type="checkbox"/> Employee Referral – Name: _____ <input type="checkbox"/> Other – Describe: _____		

EDUCATION AND TRAINING

SCHOOL NAME & LOCATION:	Years Attended		Graduate? (Yes/No)	Degree	Major
Elementary/Middle School:	N/A	N/A			
High School:	N/A	N/A			
College/University:					
College/University:					
Highest Degree Earned: <input type="checkbox"/> High School <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate					
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. Please attach any written resume or other summary of information which is relevant to the position for which you are applying. Any foreign language skills? <input type="checkbox"/> NO <input type="checkbox"/> YES Language: _____					
Professional memberships, certificates or licenses held. Supplement this information by written attachment if applicable. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations.)					
Typing Speed (using full keyboard):	Computer Skills (Circle those applicable): Excel, Word, Outlook, Publisher, Illustrator, Photoshop, Quickbooks, Yardi, Club Automation, etc. List any other Programs that you have mastered (below):				

U.S. MILITARY SERVICE DATA

Branch:	How Long did you Serve: _____ Years
List Special Training or Skills:	

REFERENCES DATA PROFESSIONAL/WORK REFERENCES WE MAY CONTACT

Reference Name:	Company:	Location:	Contact Phone:

PERSONAL REFERENCES WE MAY CONTACT

Name:	Address:	Relationship:	Contact Phone:

EMPLOYMENT DATA

<i>PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST</i>		PERSONNEL USE ONLY
Company Name:	Dates of Employment	
	From (Mo/Yr) To (Mo/Yr)	
Address (Street, City, State, Zip Code):		
Job Title:	Company Phone:	
Supervisor (Name & Title):	Supervisor Phone:	
Description of Job Duties:		
Reason for Leaving:		
Company Name:	Dates of Employment	
	From (Mo/Yr) To (Mo/Yr)	
Address (Street, City, State, Zip Code):		
Job Title:	Company Phone:	
Supervisor (Name & Title):	Supervisor Phone:	
Description of Job Duties:		
Reason for Leaving:		
Company Name:	Dates of Employment	
	From (Mo/Yr) To (Mo/Yr)	
Address (Street, City, State, Zip Code):		
Job Title:	Company Phone:	
Supervisor (Name & Title):	Supervisor Phone:	
Description of Job Duties:		
Reason for Leaving:		

PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that the Company is not obligated to retain or consider this application for future openings.

Initial

I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Company to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising therefrom.

Initial

If employed by the Company, I will abide by its policies and rules. I understand that I will be required to possess a current and valid California driver's license if my position requires me to drive in the course of my work.

Initial

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Company expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

Initial

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Company. I recognize that the results of these tests may be used to determine my employment. I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, workspace, file drawers, computer, etc) are open to investigation by the Company without prior notice to me.

Initial

If I am employed by the Company, I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Company or myself. I understand that, other than an officer or director of the Company, no manager, supervisor or representative of the Company has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only an officer or director of the Company has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the Company.

Initial

I agree that any claim or controversy arising out of either the failure to offer employment, or the termination of my employment, including any contention that such violated any contractual right, law or statute, or was otherwise wrongful or in violation of any implied term or covenant, including the covenant of good faith and fair dealing, shall be submitted to binding arbitration in accordance with the J-A-M-S/Endispute Arbitration Rules and Procedures for Employment Disputes, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction. I further agree that in the event such an arbitration is held, each party shall pay the fees of his or her own attorneys, and shall share equally the costs of the arbitration, including but not limited to, the costs of a court reporter for the hearing.

Initial

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct. Further, my signature below certifies that I agree to be bound by the terms and conditions stated in this application, including the arbitration provision set forth above. This application contains all the understandings and agreements between me and the Company concerning the nature of my employment, if any, by the Company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

Applicant's Signature

Date: _____

Print Name: _____