

Cruisers Yachts

EMPLOYMENT APPLICATION

Date: _____

A clear understanding of your interests, training, experience and other pertinent information will be mutually beneficial. To be assured of full consideration for positions that would meet your qualifications, please answer all questions completely. We will consider your application without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status under applicable local, state, or federal law. To the extent this application requests information that does not comply with applicable local or state requirements, such information will not be used in making a hiring decision. **Applicants will be required to take a pre-employment drug test. Please print clearly.**

PERSONAL HISTORY

Name: _____
(First) (M.I.) (Last)

Home Ph: (____) _____ Cell Ph: (____) _____ Email: _____

Home Address: _____
(Street) (City) (State) (Zip)

Have you worked for Cruisers Yachts before? Yes No Why did you leave? _____

If yes, under what name, if different: _____ Approx Dates: _____

Location: _____ Position: _____ Supervisor: _____

Location Preference Oconto Pulaski

Applying for? Part-Time Full-Time Wage Expected: \$_____ per hour

Job(s) applying for: _____

Are you on a lay-off and subject to recall? Yes No

When would you be available to begin work? _____

What shifts are you able to work? 1st 2nd 3rd

Are you available for overtime? Yes No Weekend Work? Yes No

(The Company will attempt to reasonably accommodate an applicant's religious needs, as required by law.)

Do you have reliable transportation? Yes No

If you are under age 18, please provide date of birth: _____ Can you provide work permit Yes No

How did you hear about us? Circle: Facebook Indeed Billboard Radio
Newspaper Wis. Job Center Other: _____

Did a current employee refer you? If so, who:

(Name)

(Relationship)

SKILLS OR EXPERIENCE

(Circle all that apply)

Carpet Laying	Cleaning/Patching Fiberglass	Cabinetry Building	CNC Programmer/Technician
Detailing	Electrical	Forklift	Lamination
Maintenance	Mechanical Assembly	Metal Fabrication	Plumbing
Sewing	Welding (Mig or Tig)	Wire Harness Assembly	Woodworking

EDUCATION

Highest grade completed (1-12): _____ Technical School/College (years attended): _____

High school Diploma: Yes No Major/Course of Study: _____

GED/HSED: Yes No Degree Received: Yes No

Last School attended: _____ Location: _____ Date: _____

Additional education and/or vocational or technical training information: _____

Describe your computer skills and abilities: _____

EMPLOYMENT HISTORY

LIST CURRENT EMPLOYER FIRST. Please provide full and accurate details regarding all employment. YOU MUST PROVIDE THIS INFORMATION EVEN IF YOU ATTACH / PROVIDE A RESUME.

1. Company Name: _____	Telephone: _____
Address: _____	Employed (Month & Year) From: _____ To: _____
Name of Supervisor: _____	Hourly Pay: Start: _____ Last: _____
Job title and type of work: _____ _____	Reason for Leaving: Eligible for re hire:

2. Company Name: _____	Telephone: _____
Address: _____	Employed (Month & Year) From: _____ To: _____
Name of Supervisor: _____	Hourly Pay: Start: _____ Last: _____
Job title and type of work: _____ _____	Reason for Leaving: Eligible for re hire:

3. Company Name: _____	Telephone: _____
Address: _____	Employed (Month & Year) From: _____ To: _____
Name of Supervisor: _____	Hourly Pay: Start: _____ Last: _____
Job title and type of work: _____ _____	Reason for Leaving: Eligible for re hire:

4. Company Name: _____	Telephone: _____
Address: _____	Employed (Month & Year) From: _____ To: _____

Name of Supervisor: _____	Hourly Pay: Start: _____ Last: _____
Job title and type of work: _____ _____	Reason for Leaving: Eligible for re hire:

5. Company Name:	Telephone:
Address: _____	Employed (Month & Year) From: _____ To: _____
Name of Supervisor: _____	Hourly Pay: Start: _____ Last: _____
Job title and type of work: _____ _____	Reason for Leaving: Eligible for re hire:

We may contact the employers listed for employment verification unless you indicate those you specifically do not want us to contact.

Do not contact: _____

Reason: _____

Do not contact: _____

Reason: _____

List any relatives currently employed at Cruisers Yachts

(We comply with all prohibitions on marital status discrimination as required under applicable state law.)

Employee first name	Last name	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MILITARY SERVICE (If applicable)

Our Company's policy will comply with the Uniformed Services Employment and Reemployment Rights Act (USERRA)

Length of Service: _____ Rank held in service: _____

Do you have any ongoing military obligations? _____

Present status: None Discharged Retired National Guard Reserves

Date of discharge: _____

Indicate any special training or assignment which you want us to consider: _____

List Three (3) Employment or Personal References - DO NOT LIST RELATIVES

Name	Address or Email	Phone	Company	Position
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CERTIFICATION

I certify that the information that I have provided to the Company as part of this application along with any resume or other material submitted by me for employment consideration is true, complete, and without omissions or misleading statements. I understand that my employment may be terminated because of false, misleading, or omitted information, regardless of the time that may have elapsed between furnishing the information and the discovery by the Company.

I authorize the Company to inquire into my education, professional and past employment history with references as needed to determine my qualifications and suitability for employment. I hereby give my consent to any former employer or educational institution to provide academic or employment related information about me to the Company. This includes any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing this information.

I understand that I may be required to pass a pre-employment drug test and that my Social Security number must be validated. I further acknowledge that certain positions with the Company may also require a confirmation that I am licensed to drive a motor vehicle, and that my credit, civil and criminal records may be checked including a verification of my address. I consent freely and voluntarily to participate in the required drug test and background checks, and consent to the release of the results to the Company. I hereby release and hold harmless the Company from any liability whatsoever arising from the drug test and/or background checks and decisions concerning employment based upon the results of these tests and checks.

I understand that nothing in this employment application, the granting of an interview, or possible subsequent employment offer is intended to create an employment contract between myself and the Company. If hired, I will be an "Employee at Will" which means the Company may release me at any time for any reason with or without cause, and I am likewise free to leave at any time for any reason. I understand that no representative of the Company other than the President or Chief Executive Officer has any authority to enter into any agreement for employment that contradicts or modifies the foregoing in any manner, and any such agreement must be in writing and signed by the President or Chief Executive Officer.

I agree to follow the Company grooming guidelines and to be dressed appropriately per the standards of the Company at all times in the workplace if I am hired.

A photocopy, digital, and/or electronic copy of this signed authorization is as effective and binding as the original.

Signed: _____

Date: _____

Print Name: _____

First

MI

Last

Cruisers Yachts

Please read and complete the following pages related to tax credits that may be available to the Company.

Cruisers Yachts

804 Pecor Street, Oconto, WI 54153, Phone: 920-834-2211, Fax: 920-835-6814

PLEASE READ

Dear Prospective Employee:

Thank you for your interest in working with us. We are asking you for the following information to determine if we, your potential employer, could be entitled to tax credit benefits. These tax credits were created to help people who have historically faced barriers to employment.

We may be able to obtain valuable tax credits based to your answers to the questions on the two documents following this letter. Completion of these forms is voluntary and may assist members of targeted groups in securing employment.

While you are not required to complete the questionnaire, we cannot receive tax credits without gathering this information from prospective employees like you. We guarantee that your answers to these questions will not affect your eligibility for employment nor any benefits you or your family may currently be receiving.

We appreciate your assistance and look forward to connecting with you regarding your potential employment.

Sincerely,

Human Resources
Cruisers Yachts

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ▶ _____

Date applicant:

Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____ Title _____ Date _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping . . . 6 hr., 27 min.
Learning about the law or the form 24 min.
Preparing and sending this form to the SWA 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.

Paycom

Tax Credit Questionnaire

Paycom will not disclose or use information provided by applicant except in connection with providing the subject services or to the extent otherwise authorized by Client. Answering the following questions is voluntary and does not affect any benefits you or your family may be receiving or your job opportunity. I hereby authorize the release of any information from any federal or state Government Agency including SSA, Dept. of Veterans Affairs, or DMV of any state as to my eligibility for federal or state tax credit programs.

Print Name:	First _____	Last _____	Social Security Number (last 4 digits only) XXX -- XX --
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1. Are you at least age 16, but under age 40? Yes No
If YES, enter your date of birth _____

2. Have you ever worked for this employer before? Yes No
If Yes, enter last date of employment _____

3. Have you been unemployed or have not worked for anyone for more than 40 hours during the past 60-day period? Yes No

4. Are you a Veteran of the U.S. Armed Forces? Yes No
If NO, go to Question 5
If YES, are you a member of a family that received SNAP (Food Stamps) benefits for at least a 3-month period during the past 15 months before you were hired? Yes No
If YES, enter name of *primary recipient* _____ and *city and state* where benefits were received _____.
OR, are you a veteran entitled to compensation for a service-connected disability? Yes No
If Yes, were you discharged or released from active duty within a year before you were hired? Yes No
OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes No

5. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) for the 6 months before you were hired? Yes No
OR, received SNAP for at least a 3-month period within the last 5 months **But** you are no longer receiving them? Yes No
If YES to either question, enter name of *primary recipient* _____ and *city and state* where benefits were received _____.

6. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes No
OR, by an Employment Network under the Ticket to Work Program? Yes No
OR, by the Department of Veterans Affairs? Yes No

7. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes No
OR, are you a member of a family that received TANF benefits for **any** 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes No
OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes No
If NO, are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? Yes No
If YES to any question, enter name of *primary recipient* _____ and the *city and state* where benefits were received _____.

8. In the past 12 months, have you had a felony conviction, work release, or prison release? Yes No
If YES, enter *date of conviction* _____ and *date of release* _____.
 Was it a Federal or a State conviction? (Check one)

9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes No

10. Are you an *Unemployed Veteran* who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? Yes No

OR, were you discharged or released from active duty in the Armed Forces for a service-connected disability? Yes No

If YES, were you discharged or released from active duty at any time during the 5-year period ending on the hiring date? Yes No

If YES, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date? Yes No

11. Are you at least 16 but under age 25? Yes No

If YES, did you not regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? Yes No

If YES, were you not regularly employed during that 6-month period? Yes No

If YES, were you not employable because you lacked basic skills? Yes No

12. If you lived in the area impacted by Hurricane Katrina on August 28, 2005, please enter the address, including county or parish and state where you lived at that time.

Street Address

City, State, Zip

County or Parish

Employer use only

Please send both pages of this Questionnaire, **both pages of the 8850 (with original signatures)**, supporting documentation to:
Paycom, ATTN: Tax Credit Dept.
7501 W Memorial Rd, MS # 150
Oklahoma City, OK 73142

This documentation is time sensitive and must be received by Paycom no later than 21 days from the new employee's start date to allow Paycom to time to review and submit the new employee's package to the State Workforce Agency. Request for certification does not guarantee approval.

Starting Wage \$ _____

Position Title _____

Hire Date _____

Start Date _____