

APPLICATION FOR EMPLOYMENT

PERSONAL	Last Name		First	Middle	Date
	Street Address				Home Phone
	City, State, Zip				Alternate or Cell Phone
	Have you ever been employed by MasterCraft Boat Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Dates employed:				Email Address
	Position and Shift Desired				Pay Expected
	Are you legally eligible for employment in the United States?				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you 18 years of age or older?				When will you be available to begin work? _____
	How did you learn of our company?				
Other special training or skills (languages, machine operation, etc.) _____					

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you been convicted of a crime in the past ten years, (either felony or misdemeanor), which has not been annulled, expunged or sealed by a court?
 Yes No If yes, describe in full: (Any convictions will not automatically preclude you from being hired).

Have you ever been terminated or requested to resign a position? Yes No If Yes, please explain:

State names of relatives and friends working for us.

Please list 2 professional references (Do not include friends or relatives):

Name	Relationship	Phone Number	How long have you known?
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS EMPLOYMENT

Starting with your most recent position, list **ALL** positions including self-employment for the previous 10 years. Information should be accurate and complete. All requested data must be provided even if a resume is attached.

1	Company Name	Telephone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Hourly Pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Hourly Pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Hourly Pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (Month and Year) From _____ To _____
	Name of Supervisor	Hourly Pay Start _____ Last _____
	State Job Title and Describe Your Work _____	Reason for Leaving

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that nothing contained in this employment application, in the Company's statements or actions (such as granting an interview), or in any of the Company's personnel guidelines or policies is intended to create an employment contract, or any other contract to provide any benefit, between the Company and me. I also understand that no oral promise or guarantee about employment is binding upon the Company. If any employment relationship is established, I understand that it is not for a stated period of time but is terminable at my or the Company's will, and I understand that either I or the Company may terminate it at any time, with or without prior notice, and with or without cause. It is the expressed policy of MasterCraft to provide a work environment free from the influence of illegal drugs. Therefore, MasterCraft participates in the Tennessee Drug-Free Workplace program and may at its discretion conduct random drug tests for all of its employees. Employees who test positive for illegal drugs are subject to immediate termination. I understand that all job offers are contingent upon a negative drug screen and passing a physical exam, to be performed post-offer, and that the results will be furnished to the Company by the medical doctor. I authorize any of my former employer(s) to give any information to the Company concerning my past employment history and do hereby release my former employers from any liability for damages due to releasing information regarding my employment with them. Also, I authorize MasterCraft to verify my educational background.

(If your employment or educational records are in any other name than listed above, please indicate below.)

By printing my signature below, I have read, understand and agree to all of the above.

Printed Signature _____ Date _____