

A Service of Hyannis Harbor Tours, Inc. 22 Channel Point Road Hyannis, MA 02601-4711 (508) 815-2265 HR Office • (508) 778-5966 Fax www.hylinecruises.com

NEW SEASONAL EMPLOYMENT APPLICATION

FULL NAME:						
PERMANENT ADDRESS:						
(note – W-2 sent here)						
HOME PHONE:	CELL PHONE:					
EMAIL ADDRESS:						
LOCAL SEASONAL ADDRESS (IF APPLICABLE):						
LOCAL PHONE:	AGE: 16 OR OVER 18 OR OVER					
WHAT POSITION(s) ARE YOU APPLYING FOR	?					
PART-TIME FULL-TIME DATES	AVAILABLE FROMTO					
WEEKENDS ONLY DATES AVAILABLE F	ROMTO					
How did you hear about this job opportunity?						
EDUCATION:						
HIGH SCHOOL: Dates Attended:	NAME OF SCHOOL					
DIPLOMA: YES NO ADDR	ESS					
COLLEGE: Dates Attended:	NAME OF SCHOOL					
	NAME OF SCHOOL RESS					
ADD	NEGO					
OTHER: SPECIFY:						

Information for Applicants – It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

EMPLOYMENT HIS	TORY (MOST RE	CENT FIRST) YOU MA	NY ALSO INCLUDE AN	Y WORK PERFORMED AS A VO	LUNTEER
NAME OF COMPANY:	· -				
ADDRESS:					
	TELEPHONE #_				
MPLOYED FROM: _		то	POSITION:		
UPERVISOR 5 NAME:			REASON FOR LEAVING:		
LANAS OS CONADANIV					
					
ADDRESS:					_
MPLOYED FROM: _	MONTH/YEAR	TO MONTH / YEAR	POSITION:		
SUPERVISOR'S NAME:			REASON FOR LEAVING:		
NAME OF COMPANY:					
ADDRESS:					
	TELEPHONE #_				
EMPLOYED FROM:					
	MONTH/YEAR	MONTH / YEAR			
F NOT LISTED ABOVE,	HAVE YOU WORK	KED FOR HY-LINE BEFO	RE? IF SO, WHEN		
NEEDENIOEC					
REFERENCES:					
NAME			RELATIONSHIP	PHONE #	
N/	AME		RELATIONSHIP	PHONE #	
N	 AME		RELATIONSHIP	PHONE #	
RFI ATIVES OR FRIE	NDS EMPLOYE	D BY HY-LINE:			
					-
	•	• •	•	. I understand that any false st be grounds for denial of emplo	
nmediate dismiss	•		ileacion process may	se broatias for defination emplo	yment or for
authorize Hy-Line	Cruises to ver	ify any and all info	rmation contained in	this application. Yes No	
SIGNATURE OF AD	PDI ICΔNT·			DATE:	
SIGNATURE OF APPLICANT:				Z/\!E!	