## ONTARIO PROPERTIES, INC. (dba Shumway Marine) APPLICATION FOR EMPLOYMENT

| NAME                                                                                                       |                                                                                             |                                                                              |                                                                                               |                                                                                                                   |                                                                                                                                                                                                                                                  |                                          |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| (Last)                                                                                                     |                                                                                             | (First)                                                                      | (Middle Initial)                                                                              |                                                                                                                   |                                                                                                                                                                                                                                                  |                                          |
| ADDRESS                                                                                                    | (6)                                                                                         |                                                                              | (O)                                                                                           |                                                                                                                   | (Tr. )                                                                                                                                                                                                                                           |                                          |
| (Number)                                                                                                   | (Street)                                                                                    |                                                                              | (City)                                                                                        | (State)                                                                                                           | (Zip)                                                                                                                                                                                                                                            |                                          |
| E-MAIL ADDRESS                                                                                             |                                                                                             |                                                                              |                                                                                               | IF UNDER 18 YRS                                                                                                   | OF AGE, D/O/B                                                                                                                                                                                                                                    |                                          |
| HOME PHONE WOR                                                                                             |                                                                                             | _ WORK PHO                                                                   | VORK PHONE CELL/OTHER                                                                         |                                                                                                                   | PHONE                                                                                                                                                                                                                                            |                                          |
| POSITION APPLYING FOR:                                                                                     |                                                                                             |                                                                              | FULL TIME or PART 1                                                                           |                                                                                                                   | TIME?                                                                                                                                                                                                                                            |                                          |
| DATE YOU CAN STAR                                                                                          | т?                                                                                          |                                                                              | DAYS A                                                                                        | VAILABLE?                                                                                                         |                                                                                                                                                                                                                                                  |                                          |
| WERE YOU REFERRED                                                                                          | D BY ANYONE EM                                                                              | PLOYED BY US                                                                 | ?                                                                                             |                                                                                                                   | <del></del>                                                                                                                                                                                                                                      |                                          |
|                                                                                                            |                                                                                             |                                                                              | EDUCATION A                                                                                   | ND TRAINING                                                                                                       |                                                                                                                                                                                                                                                  |                                          |
| Grammar School                                                                                             | 9                                                                                           | College                                                                      | Name of                                                                                       | School now attending                                                                                              | Major <i>or Degree</i>                                                                                                                                                                                                                           |                                          |
| ESPECIALLY QUALIFY                                                                                         |                                                                                             |                                                                              |                                                                                               |                                                                                                                   | AVE WORKED WITH THAT YOU FEEL                                                                                                                                                                                                                    |                                          |
|                                                                                                            |                                                                                             |                                                                              | WORK EX                                                                                       | PERIENCE                                                                                                          |                                                                                                                                                                                                                                                  |                                          |
| PRESENT OR LATEST EMPLOYER                                                                                 |                                                                                             | PREVIOUS EMPLOYER                                                            |                                                                                               | 1                                                                                                                 | PREVIOUS EMPLOYER                                                                                                                                                                                                                                |                                          |
| Name:                                                                                                      |                                                                                             |                                                                              | Name:                                                                                         |                                                                                                                   | Name:                                                                                                                                                                                                                                            |                                          |
| Address:                                                                                                   |                                                                                             |                                                                              | Address:                                                                                      |                                                                                                                   | Address:                                                                                                                                                                                                                                         |                                          |
| City/State:                                                                                                |                                                                                             |                                                                              | City/State:                                                                                   |                                                                                                                   | City/State:                                                                                                                                                                                                                                      |                                          |
| Job Title:                                                                                                 |                                                                                             |                                                                              | Job Title:                                                                                    |                                                                                                                   | Job Title:                                                                                                                                                                                                                                       |                                          |
| Employed From                                                                                              | to                                                                                          |                                                                              | Employed From _                                                                               | to                                                                                                                | Employed From to _                                                                                                                                                                                                                               |                                          |
| Contact Person :                                                                                           |                                                                                             |                                                                              | Contact Person: _                                                                             |                                                                                                                   | Contact Person:                                                                                                                                                                                                                                  |                                          |
| Phone                                                                                                      |                                                                                             |                                                                              | Phone:                                                                                        |                                                                                                                   | Phone:                                                                                                                                                                                                                                           |                                          |
|                                                                                                            |                                                                                             |                                                                              | Agree                                                                                         | ement                                                                                                             |                                                                                                                                                                                                                                                  |                                          |
| omissions of facts in thi<br>including those pertain<br>recording, uniform, app<br>employer or his authori | is form are cause for<br>ing to safety, grieva<br>pearance and gene<br>ized agent shall des | or separation fro<br>ances, money le<br>ral conduct and<br>sire to search my | m the company's se<br>nding, phone calls, a<br>(2) if employed, I agr<br>person, clothing, lo | rvice. I also agree to abi<br>bsence or tardiness, visit<br>ee that at any time duri<br>cker, purse, bag, vehicle | nts are true and understand that misrepride by all the rules and regulations of the ts by friends, schedule changes, paycheong my employment or at the termination and effects - I will submit to such example or my detention for that purpose. | e corporation<br>cks, time<br>n thereof, |
| Date                                                                                                       |                                                                                             |                                                                              | Signature o                                                                                   | of Applicant                                                                                                      |                                                                                                                                                                                                                                                  |                                          |