



APPLICANTS

American Custom Yachts (ACY) is an Equal Opportunity Employer. ACY is dedicated to a policy of nondiscrimination on any basis including race, color, religion, age, sex, martial status, national origin, political affiliation, or disabled status. **If a reasonable accommodation, help, or assistance, is needed, please contact the Human Resources Department.**

We appreciate your interest in seeking employment with American Custom Yachts. A clear understanding of your background and work experience will aid us in considering you for the position that best meets your qualifications. Please **fully complete all sections**, leaving no gaps in your employment record. **Failure to provide us a complete application may result in your application not being considered.**

1. Your application must be legible; please print or type.
2. All addresses and phone numbers must be complete. These are used to contact previous employers and verify references.
3. Applications are active for six (6) months after completion by an applicant. An applicant wishing to be considered for another position after the six (6) months must file a new application.

***The Immigrant Reform and Control Act of 1986 requires that all individuals applying for work in the State of Florida provide proof of work authorization. A list of acceptable documents you may select from is listed on the next page. Required to be provided at the time of hire only.**

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IMPORTANT

Applicants are conditionally hired based on the successful completion of a post offer physical including a drug screen test; a background investigation; a motor vehicle report (for position requiring a drivers license); reference check; and a physical agility demonstration (for positions requiring physical requirements). **Job offers may be withdrawn due to the applicants' failure to successfully complete any of the post offer requirements.** An applicant who is otherwise qualified to perform the job applied for will not be discriminated against on the basis of a disability.

An applicant selected to fill a vacant position are required to provide two forms of identification from the "List of Acceptable Documents" listed on the next page.

AMERICAN CUSTOM YACHTS, INC.

6800 S.W. JACK JAMES DRIVE * STUART, FLORIDA 34997 * PHONE (772) 221-9100 FAX: (772) 288-4993



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6800 S.W. JACK JAMES DRIVES
(772) 221-9100

OFFICE USE ONLY

Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No Date Interviewed _____
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APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION		
Position Applying For:	Salary Desired:	Are you employed now?
Name (Last) (First) (Middle)	Today's Date	
Address	Home Telephone	
City, State, Zip Code	Alternate Telephone	
Emergency Contact Person	Emergency Telephone	
Date Available To Start	Social Security No.	
Have you ever worked for American Custom Yachts? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?	
Are you a Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	CDL License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
License No. _____ State: _____	Class: _____	
Has your Driver's License ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain: _____		

Have you ever been convicted, pled no contest, misdemeanor, and/or felony within the last seven (7) years? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are there any of these charges currently pending against you? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please explain: _____		

Note: a conviction does not necessarily prevent your application from consideration. The nature, year of your conviction, number of convictions and the job for which you are applying are all taken into consideration. Regardless of how you answer this question, all background checks will be performed.		



EDUCATION AND SPECIAL TRAINING

HIGH SCHOOL _____ ADDRESS _____

COURSE OF STUDY _____ CITY, STATE & ZIP CODE _____

HIGH SCHOOL DIPLOMA OR GED? YES NO NUMBER OF YEARS COMPLETED? _____

COLLEGE _____ ADDRESS _____

COURSE OF STUDY _____ CITY, STATE & ZIP CODE _____

DID YOU GRADUATE? YES NO NUMBER OF YEARS COMPLETED? _____

DEGREE RECEIVED _____

OTHER _____ ADDRESS _____

COURSE OF STUDY _____ CITY, STATE & ZIP CODE _____

DID YOU GRADUATE? YES NO DEGREE RECEIVED _____ NUMBER OF YEARS COMPLETED? _____

List specialized training, apprenticeship, and extra-curricular activities that may be helpful in considering your application.

EMPLOYMENT RECORD: LIST ALL PREVIOUS EMPLOYERS FOR THE PAST SEVEN (7) YEARS. Major changes in duties or job titles with the same employer should be listed as separate jobs. Start with the present or most recent employer and work back. Use a blank sheet if necessary. **LEAVE NO GAPS AND BE SPECIFIC IN YOUR ANSWERS.**

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? YES NO
IF YES, PLEASE EXPLAIN: _____

PRESENT OR MOST RECENT EMPLOYER: REASON FOR LEAVING: _____

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ CITY: _____ STATE: _____

TELEPHONE: _____ SUPERVISOR NAME: _____

JOB TITLE: _____ STARTING SALARY: _____ ENDING _____ PER _____

RESPONSIBILITIES: _____

EMPLOYMENT RECORD CONTINUED:

PREVIOUS EMPLOYER: REASON FOR LEAVING: _____

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ CITY: _____ STATE: _____

TELEPHONE: _____ SUPERVISOR NAME: _____

JOB TITLE: _____ STARTING SALARY: _____ ENDING _____ PER _____

RESPONSIBILITIES: _____

PREVIOUS EMPLOYER: REASON FOR LEAVING: _____

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ CITY: _____ STATE: _____

TELEPHONE: _____ SUPERVISOR NAME: _____

JOB TITLE: _____ STARTING SALARY: _____ ENDING _____ PER _____

RESPONSIBILITIES: _____

PREVIOUS EMPLOYER: REASON FOR LEAVING: _____

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ CITY: _____ STATE: _____

TELEPHONE: _____ SUPERVISOR NAME: _____

JOB TITLE: _____ STARTING SALARY: _____ ENDING _____ PER _____

RESPONSIBILITIES: _____

PREVIOUS EMPLOYER: REASON FOR LEAVING: _____

EMPLOYER: _____ FROM: _____ TO: _____

ADDRESS: _____ CITY: _____ STATE: _____

TELEPHONE: _____ SUPERVISOR NAME: _____

JOB TITLE: _____ STARTING SALARY: _____ ENDING _____ PER _____

RESPONSIBILITIES: _____



LIST THREE (3) PERSONAL OR PROFESSIONAL REFERENCES (NON-RELATED)

NAME	RELATIONSHIP
ADDRESS	HOME ()
CITY, STATE, ZIP	WORK ()
NAME	RELATIONSHIP
ADDRESS	HOME ()
CITY, STATE, ZIP	WORK ()
NAME	RELATIONSHIP
ADDRESS	HOME ()
CITY, STATE, ZIP	WORK ()

PLEASE TELL US HOW YOU HEARD ABOUT AMERICAN CUSTOM YACHTS?

- AD IN NEWSPAPER
- EMPLOYMENT AGENCY
- FRIEND _____
- FAMILY _____
- OTHER _____

AMERICAN CUSTOM YACHTS, INC.

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DRUG AND ALCOHOL FREE WORK ENVIRONMENT POLICY

IMPORTANT! PLEASE READ CAREFULLY!!

To ensure a safe and productive work environment on our vessels and at all facilities of the company, to safeguard property of the company and its personnel and to adhere to the regulations of regulatory bodies, American Custom Yachts, Inc. (ACY) strictly prohibits the use, sale, transfer or possession of alcohol, drugs, drug paraphernalia or controlled substances on any company vessels, premises of the company or worksites, company vehicles, as well as private vehicles, parked on the company's premises or worksites, including parking lots which are locations included within this prohibition. Additionally, the company strictly prohibits any person with any detectable amount of alcohol, drugs, or controlled substances present in his or her body. Any employee found in violation of this policy is subject to disciplinary action, including immediate discharge. Furthermore, depending on the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any employee who violates this policy.

Any non-employee, including visitors, sub-contractors, employees of sub-contractors, consultants, etc., found in violation of the company's policy for a drug free work environment, or suspected of having alcohol, drugs or controlled substances present in his or her body, may be refused entry onto or removed from the company's vessels, premises or worksites and denied future access. Furthermore, depending on the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any violator of the company's policy.

ACY will require all applicants for employment to submit to a urinalysis, and/or hair analysis for drugs as a pre-condition for employment. The company may also require any current employee to submit to a urinalysis, hair analysis, and/or blood test for drugs and/or alcohol in the following circumstances:

- 1) following an accident occurring within the course and scope of employment;
- 2) whenever there is reasonable suspicion to believe that an employee is using drugs or alcohol in violation of the company's policy;
- 3) in the event of a company vessel accident, the entire crew will be given a urinalysis and/or blood test for drugs and /or alcohol;
- 4) as part of periodic physical examinations; and,
- 5) on a random selection basis and any other time deemed appropriate by the management of the company, without prior announcement.

Failure to submit to the drug and/or alcohol tests under the time frame and circumstances noted above will result in disciplinary action, up to and including termination. You may make a written request for a complete and accurate disclosure of the nature and scope of the tests conducted and copy of the policy.

APPLICANT CERTIFICATION

I hereby acknowledge that I have read the foregoing policy and fully understand it. I further agree to abide by the policy and acknowledge that compliance with the policy is a condition of employment within ACY.

APPLICANT SIGNATURE	DATE SIGNED

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**AMERICAN CUSTOM YACHTS, INC.
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APPLICANT NAME: _____

ADDRESS: _____

CITY

STATE

ZIP CODE

I UNDERSTAND THAT ALL STATEMENTS MADE ON THIS EMPLOYMENT APPLICATION MAY BE CHECKED BY AMERICAN CUSTOM YACHTS INC., (ACY), AND I AUTHORIZE ACY TO CONTACT MY PRIOR EMPLOYERS AND AUTHORIZE SUCH PRIOR EMPLOYERS TO ANSWER ANY AND ALL QUESTIONS REGARDING MY PRIOR EMPLOYMENT AND MY ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH I AM APPLYING. I HEREBY AGREE TO IDEMNIFY ACY AND EACH OF MY PRIOR EMPLOYERS AND HOLD THEM HARMLESS FROM ANY CLAIMS FROM SUCH AUTHORIZATION.

IN ADDITION, I AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION THAT IS REQUESTED BY AMERICAN CUSTOM YACHTS REGARDING MY SCHOOL OR EDUCATIONAL RECORDS AND MILITARY RECORD.

I UNDERSTAND FURTHER THAT ANY MISSTATEMENTS OR MATERIAL OMISSIONS IN MY APPLICATION MAY RESULT IN A DECISION NOT TO HIRE, OR DISCHARGE IF DISCOVERED AT A TIME AFTER HIRE.

NAME (PLEASE PRINT)

SIGNATURE

DATE

APPLICATION CERTIFICATION. PLEASE READ CAREFULLY BEFORE SIGNING.

I HEREBY CERTIFY THAT EACH ANSWER TO A QUESTION HEREIN AND ALL OTHER INFORMATION OTHERWISE FURNISHED IS TRUE AND CORRECT. I UNDERSTAND THAT ANY INCORRECT, INCOMPLETE, OR FALSE STATEMENTS OF INFORMATION FURNISHED BY ME ON THIS FORM OR ANY OTHER ACY DOCUMENT(S) MAY SUBJECT ME TO DISCHARGE FROM EMPLOYMENT AT ANY TIME. I HEREBY GIVE MY PERMISSION TO CONTACT PAST EMPLOYERS AND PERSONAL REFERENCES. I UNDERSTAND THAT IF EMPLOYED, I WILL BE IN A PROBATIONARY PERIOD FOR 3 MONTHS. I FURTHER UNDERSTAND THAT COMPLETION OF THE PROBATIONARY PERIOD DOES NOT CONFER ANY EXPECTATION OF CONTINUATION FRO ANY DEFINITE PERIOD, AND THAT MY EMPLOYMENT MAY BE TERMINATED OR I MAY TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON OR NO REASON. NO ONE BUT DOMINICK LACOMBE SR. HAS THE AUTHORITY TO MODIFY ANY EMPLOYMENT RELATIONSHIP I MAY HAVE WITH AMERICAN CUSTOM YACHTS, AND ANY SUCH MODIFICATION MUST BE IN WRITING.

SIGNATURE OF APPLICANT: _____

DATE: _____

