



APPLICATION FOR EMPLOYMENT

(PLEASE PRINT OR TYPE)

DO NOT WRITE IN THIS SPACE

DATE:
POSITION APPLIED FOR:
PREFERRED HOURS:
MINIMUM PAY ACCEPTABLE:

STARTING DATE:	CLOCK NO.:
DEPARTMENT	
OCCUPATION	
RATE	SHIFT

PERSONAL INFORMATION

NAME:	LAST	FIRST	MIDDLE	HOME PHONE	OTHER PHONE
PRESENT ADDRESS:	STREET	CITY	STATE	ZIP CODE	HOW LONG?
PREVIOUS ADDRESS:	STREET	CITY	STATE	ZIP CODE	HOW LONG?
SOCIAL SECURITY NUMBER:	HAVE VALID DRIVERS LICENSE	ARE YOU OVER 18? YES NO		ARE YOU A U.S. CITIZEN? YES NO	IF NO, ARE YOU ELIGIBLE TO WORK IN THE U.S.? YES NO

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? YES NO	IF YES WHEN?	JOB TITLE
DO FRIENDS OR RELATIVES WORK FOR THIS COMPANY? YES YES NO NO	IF YES, NAME	OCCUPATION

HOW DID YOU HEAR ABOUT VIKING YACHT? INTERNET MAGAZINE NEWSPAPER RADIO TV					

MILITARY RECORD					
WERE YOU EVER IN THE U.S. ARMED FORCES? YES NO	WHAT BRANCH?	TRAINING	RANK	DATE FROM	DATE TO

PERSONAL REFERENCES - DO NOT INCLUDE RELATIVES OR EMPLOYERS				
	NAME	ADDRESS	OCCUPATION	PHONE
1				
2				
3				

EDUCATION

SCHOOL	NAME OF SCHOOL	COURSE OF STUDY	CHECK LAST YEAR COMPLETED				DID YOU GRADUATE?	DIPLOMA OR DEGREE
			5	6	7	8		
ELEMENTARY								
HIGH SCHOOL								
COLLEGE								
OTHER (TRADE OR APPRENTICESHIP)								

EMPLOYMENT HISTORY

FROM	TO	NAME:	JOB TITLE:
		ADDRESS:	DUTIES:
		PHONE:	
SUPERVISOR'S NAME:		DEPT.:	
REASOM FOR LEAVING:		WAGES	

FROM	TO	NAME:	JOB TITLE:
		ADDRESS:	DUTIES:
		PHONE:	
SUPERVISOR'S NAME:		DEPT.:	
REASOM FOR LEAVING:		WAGES	

FROM	TO	NAME:	JOB TITLE:
		ADDRESS:	DUTIES:
		PHONE:	
SUPERVISOR'S NAME:		DEPT.:	
REASOM FOR LEAVING:		WAGES	

FROM	TO	NAME:	JOB TITLE:
		ADDRESS:	DUTIES:
		PHONE:	
SUPERVISOR'S NAME:		DEPT.:	
REASOM FOR LEAVING:		WAGES	

AUTHORIZATION

- This Application will be actively considered for sixty (60) days after it is filed. For consideration after that time a written request for reactivation is required.
- I authorize an inquiry to be made on the information contained in this application. Upon written request the nature and scope of this inquiry will be made available to me.
- Former employers named herein are authorized to give information regarding me. They are hereby released from all liability for issuing such information.
- I understand and agree that my employment is for no definite period and may regardless of the date of payment of my wages be terminated at any time without any previous notice. "Either party may terminate the employment relationship at any time, with or without cause and with or without advance notice."

PATENT AGREEMENT

In consideration of my employment by Viking Yacht Company or any of its subsidiaries and of the salary or wages paid for my services during such employment. I agree (A) to promptly disclose in writing to the Company all inventions made by me or participated in by me during my employment relation to the then existing or reasonably anticipated business of the Company or any of its subsidiaries. Or which result from tasks assigned to me by the Company; (B) to inventions; (C) to execute all papers and perform all lawful acts which the Company requests to give the Company such legal protection in the United States and foreign countries for such invention as the Company deems desirable for its own purposes, (D) to cooperate with the Company in this regard even after my employment by the Company ends and (E) not the disclose to others or appropriate for my own use, either during or subsequent to my employment, any proprietary or confidential information, knowledge, or data of the Company or its customers that I may receive or develop during my employment, unless the Company consents in writing. This agreement shall be binding upon my heirs, executors, administrators or other legal representatives or assignees.

DRUG TESTING

Viking is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, job applicants and employees may be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. Refusal to submit to drug testing may result in disciplinary action, up to and including termination of employment.

The Employee Assistance program (EAP), through the Personnel Department, provides confidential counseling and referral services to employees for assistance with such problems as drug and/or alcohol abuse or addiction. It is the employee's responsibility to seek assistance from the EAP prior to reaching a point where his or her judgement, performance, or behavior has led to imminent disciplinary action. Participation in the EAP after the disciplinary process has begun may not preclude disciplinary action, up to and including termination of employment.

Copies of the drug testing policy will be posted for all employees. Questions concerning this policy or its administration should be directed to the Personnel Director.

_____ DATE

_____ APPLICANT'S SIGNATURE

