

Sabre Corporation
Employment Application

Position applied for: _____
Salary expected:\$ _____ Date: _____

NAME: _____ Prefer to be called: _____

ADDRESS: Street: _____ City: _____

State & Zip: _____ Telephone #: _____

How long have you lived at the above address? _____ Are you 18 or over? _____

Are you legally eligible for employment in the USA? **Yes** _____ **No** _____

List the names of people that you know working at Sabre:

How did you learn of job opportunity at Sabre? _____

Have you ever applied at Sabre before? **Yes** _____ **No** _____

Consistent with the Provision of the Americans with Disabilities ACT (ADA) and the Maine Human Rights ACT (MHRA), applicants may request accommodations needed to participate in the application process.

Sabre Corporation is an Equal Opportunity Employer dedicated to a policy of compliance with all Federal, State, and Local Laws regarded nondiscrimination in Employment. No question on this application is intended to secure information to be used for unlawful purposes.

PREVIOUS EMPLOYMENT: Describe most recent employment first, then previous employment.

1.) Firm: _____ Type of business: _____

Street: _____ City: _____ State: _____

Starting Salary:\$ _____ Last Salary:\$ _____ DATES: ___/___/___ to ___/___/___

Position Held: _____ Sup/Mgr. Name: _____ Title: _____

Telephone Number: _____ Reason for leaving: _____

Duties (give details): _____

2.) Firm: _____ Type of business: _____

Street: _____ City: _____ State: _____

Starting Salary:\$ _____ Last Salary:\$ _____ DATES: ___/___/___ to ___/___/___

Position Held: _____ Sup/Mgr. Name: _____ Title: _____

Telephone Number: _____ Reason for leaving: _____

Duties (give details): _____

3.) Firm: _____ Type of business: _____

Street: _____ City: _____ State: _____

Starting Salary:\$ _____ Last Salary:\$ _____ DATES: ___/___/___ to ___/___/___

Position Held: _____ Sup/Mgr. Name: _____ Title: _____

Telephone Number: _____ Reason for leaving: _____

Duties (give details): _____

4.) Firm: _____ Type of business: _____

Street: _____ City: _____ State: _____

Starting Salary:\$ _____ Last Salary:\$ _____ DATES: ___/___/___ to ___/___/___

Position Held: _____ Sup/Mgr. Name: _____ Title: _____

Telephone Number: _____ Reason for leaving: _____

Duties (give details): _____

Criminal conviction information: Have you ever been convicted of, plead guilty to, or no contest to a violation of the law (Do not include any conviction(s) occurring before your 18th birthday, or minor traffic violation(s), unless the traffic violation resulted in suspension of your drivers license)? _____ Yes _____ No Date of offense: _____
State / County _____ Type of Offense: _____

Answering yes to this question will not necessarily disqualify you from employment at Sabre. Factors such as time elapsed since offense, the nature of the offense, and rehabilitation, among other things, will be taken into account. However failing to disclose the information requested will negatively affect your ability to gain or retain employment.

References

Firm: _____ Address: _____ Phone: _____ Dates: _____

- 1.) _____
- 2.) _____
- 3.) _____

Military Service:

Dates: _____ Rank: _____ Branch of Service: _____
Duties: _____

Education:

HIGH SCHOOL: _____ City & State: _____

Highest grade completed: _____ Course of Study: _____

COLLEGE: _____ City & State: _____

Highest grade completed: _____ Course of Study: _____

OTHER: _____ City & State: _____

Highest grade completed: _____ Course of Study: _____

Boating Experience:

List of any other interest (hobbies, activities, etc.):

Are there any other experiences, skills or qualifications, which you feel would especially qualify you for work with this company?

Application Release and Privacy Statement: Please Read Carefully Before Signing

Physically Examination: I will take a post-offer physical examination, from a physician designated by Sabre Corporation, at Sabre Corporation's expense. I authorize the physician or testing facilities to provide Sabre Corporation the results of the examination and I release Sabre from any liability from the use of such information for employment purpose. I understand that further employment consideration for job placement may be affected by the results of the examination.

I authorize Sabre Yachts to conduct a criminal record and or motor vehicle background investigation, and understand that this investigative process will be at Sabre's expense.

AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

Except as specifically indicated above, I hereby grant the authority to contact any previous employers for references on my work skills and personal characteristics including details of my employment with them. I understand any false statement, omissions, or misrepresentations will constitute sufficient cause or reason for either refusal to hire or termination from employment. I release Sabre Corporation and all former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that if I am employed; I must follow all company rules and policies and perform the duties assigned to me at any time. I understand that the company may change my schedule, assignments, and responsibilities from time to time. If hired, I understand that I will be an at-will employee with no fixed or definite employment term and that the employment relationship may be terminated at any time. None of the provisions above may be waived or modified unless in writing and signed by the company president.

Applicant's

Signatures: _____ Date: _____