

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Are you 18 years of age or older? YES NO

Position Applied for: _____

Did anyone refer you? _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Licenses, Certifications and Experience

Do you hold any of the following licenses or certifications:

___ Merchant Mariner Credentials (if so what type?) _____

___ Crane Operators License (if so what type?) _____

___ CDL License (if so what type?) _____

___ Welding Certifications (if so what type?) _____

___ Any other licenses or certifications? _____

Indicate any other skills, qualifications, experiences or any marine construction experience: _____

General Questionnaire

Answers to these questions are only for reference and do not disqualify you from employment

Are you willing and able to work 7 days per week? Yes No

Have you ever worked 80 hours in one week? Yes No

Have you ever worked night shift? Yes No

Are you willing to work night shift? Yes No

Have you worked over the road/ out of town? Yes No

Are you willing to work over the road/out of town? Yes No

Are you able and willing to work at heights above 12 feet? Yes No

Are you able and willing to work in confined spaces? Yes No

Are you able and willing to work in loud/noisy operations? Yes No

Can you perform heavy lifting above 50 lbs? Yes No

Have you driven a boat before? Yes No

Have you ever changed the oil or done routine maintenance on a vehicle or small engine? If so, please list:

Disclaimer and Signature

- Certification of Truthfulness** - I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.
- Authorization for Employment/Educational Information** - I authorize the references listed in this Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give this Company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they

may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you. I hereby waive written notice that employment information is being provided by any person or organization. I agree to execute an authorization for this Employer to secure criminal conviction history from the appropriate law enforcement agency, should the Company determine it is necessary to do so.

3. **Employment at Will** - If I am hired, in consideration of my employment, I agree to abide by the rules and policies of this Company, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself.
4. **Authorization to Work** - If I am selected for hire I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
5. **Limitation of Claims** - I agree that any action or suit against the Company arising out of my employment or termination of employment including but not limited to claims arising under State or Federal civil rights statutes, must be brought within 180 days (or the minimum time that a court of competent jurisdiction finds to be reasonable) of the event giving rise to the claim or be forever barred. I waive any statute of limitations to the contrary.
6. **Need for Accommodations** - If I am a handicapper who requires an accommodation to perform the job, I must notify the Company of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the Company has not accommodated me as required by law.
7. **Release of Medical Information** - I authorize every medical doctor, physician or other health care provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, health care personnel and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in their respect from any and all liability. I understand that this release will not be sent to my physician or other health care provider until a job offer had been made.
8. **Physical Exam and Drug and Alcohol Testing** – I agree to take a physical exam if requested and authorize the Company or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs or other substances. I understand the decisions concerning my employment will be made as a result of this test.
9. **Consideration for Employment** – I understand that my application will be considered pursuant to the Company's normal procedures for a period of ninety (90) days. If I am still interested in employment thereafter, I must reapply in person.

I agree that if any of the above commitment is ever found to be legally unenforceable as written the commitment concerned shall be limited to allow its enforcement as far as legally possible.

I have read and understand items one through 9 above and acknowledge that with my signature below.

Signature: _____ Date: _____