

Morgan Marine APPLICATION FOR EMPLOYMENT

2 Route 54 - East Lake Road, Penn Yan, NY 14527 Office 315-536-8166 Fax - 315-536-8277
 email: info@morganmarine.net Date _____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, non-job related handicap or disability or veteran status.

PERSONAL BACKGROUND

Name _____ Social Security Number _____
Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address _____
Street City State Zip Code

Phone No. () _____ Referred by: _____

Position applying for: _____ Date you can start _____ Salary desired _____

Are you employed? _____ If so, may we inquire of your present employer? _____

Ever applied to this company before? _____ Where? _____ When? _____

Are you willing to work overtime? YES NO

U.S. Military or Naval Service _____ Rank _____

If driving is a requirement of the job for which you are applying, do you have a current, valid driver's license? YES NO

Continued employment is contingent on your maintaining a current, valid driver's license.

If under 18 years of age, do you have a work permit? YES NO

After employment, can you submit verification of your legal right to work in the U.S.? YES NO

Have you ever been convicted of a felony? (A conviction record will not necessarily be a bar to employment.) YES NO

Please explain: _____

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	GRADUATED YES/NO?	MAJOR AREA OF STUDY
High School	_____	9 10 11 12	_____	_____
College	_____	13 14 15 16	_____	_____
Trade, Business or Graduate School	_____		_____	_____

SPECIALIZED TECHNICAL SKILLS (i.e. COMPUTER PROGRAMMER/LANGUAGE, EQUIPMENT OPERATION, SPECIAL TOOLS OR MACHINES USED)

PHYSICAL RECORD

Do you have any handicap or disability which would substantially interfere with your ability to perform the essential duties of the job for which you have applied? If yes, what can be done to accommodate your limitations?

WORK EXPERIENCE (List below last four employers, starting with your present or last place of employment.)					
Date Mo./Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To					
Fr.					
To					
Fr.					
To					
Fr.					
To					

May we contact your present employer at this time? YES NO

REFERENCES

Give the names of three persons not related to you, whom you have known at least three years.

Name & Occupation	Address	Telephone Number	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

APPLICANT'S STATEMENT

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

Applicant's Signature

Date