

Interstate Navigation APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

PLEASE NOTE: ALL APPLICANTS FOR ANY DECK OR ENGINE POSITION ABOARD ANY COMPANY VESSEL MUST FIRST PASS A U.S. COAST GUARD APPROVED DRUG TEST (NIDA), **BEFORE** STARTING WORK.

DATE _____ SOCIAL SECURITY NUMBER _____

NAME _____
LAST
FIRST
MIDDLE

PRESENT ADDRESS _____
STREET
CITY
STATE
ZIP

PERMANENT ADDRESS _____
STREET
CITY
STATE
ZIP

PHONE NO. _____ ARE YOU 18 YRS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
 IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

DO YOU HAVE ANY ILLNESS, INJURY, PHYSICAL OR MENTAL HANDICAP WHICH MAY LIMIT YOUR ABILITY TO
 PERFORM IN A REASONABLE MANNER THE DUTIES OR RESPONSIBILITIES OF THE POSITION (S) FOR WHICH YOU
 HAVE APPLIED? _____ IF YES, EXPLAIN IN DETAIL: _____

(USE BACK OF APPLICATION IF NECESSARY)

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ DESIRED SALARY _____

ARE YOU CURRENTLY EMPLOYED? YES NO IF YES, MAY WE INQUIRE OF YOUR EMPLOYER? YES NO

HAVE YOU APPLIED TO THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION

	NAME & LOCATION OF SCHOOL	NO. OF YRS ATTENDED	DID YOU GRADUATE?	MAJOR COURSE OF STUDY
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

DO YOU HOLD A U.S. COAST GUARD LICENSE, OR MMD (WITH AN ORDINARY OR ABLE SEAMAN RATING)? IF SO, PLEASE LIST. INCLUDE ALL ENDORSEMENTS. _____

SPECIAL SKILLS _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR
NAVAL SERVICE _____

RANK _____

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	PHONE NO.	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY NOTIFY _____

NAME

ADDRESS

PHONE NO.

IMPORTANT: PLEASE READ AND SIGN

AS AN "EQUAL OPPORTUNITY EMPLOYER" THIS COMPANY'S POLICY, AS WELL AS FEDERAL AND STATE LAW, PROHIBITS DISCRIMINATION IN EMPLOYMENT BASED ON RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, PHYSICAL HANDICAP, OR AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 18 YEARS OF AGE.

AS PART OF THIS APPLICATION FOR EMPLOYMENT, I HEREBY AUTHORIZE THE COMPANY TO INVESTIGATE MY REFERENCES AND MAKE AN INDEPENDENT INVESTIGATION OF MY CHARACTER, CONDUCT AND EMPLOYMENT RECORDS.

I FURTHER AGREE THAT FAILURE TO REVEAL ANY PRIOR EMPLOYER, OR THE GIVING OF FALSE OR MISLEADING INFORMATION BY ME WILL BE GROUNDS FOR TERMINATION OF EMPLOYMENT.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

ABILITY: _____

HIRE: YES NO POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION. THIS FORM HAS BEEN REVISED TO COMPLY WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULGATED BY THE EEOC ON JULY 26, 1991.