EMPLOYMENT APPLICATION

Please print all information

Fields marked with an asterisk (*) are required and must be completed before submitting this application.

PERSONAL INFORMATION

NAME: * _____ **DATE:** * _____

Last First Middle

ADDRESS: * _____

Street Address Apt/Suite

_____

City State Zip Code

E-MAIL: * _____ **PHONE:** * _____

* **SOCIAL SECURITY NUMBER (SSN):** _____-_____-_____ * **Date of Birth** _____

DATE AVAILABLE: * _____ * **DESIRED PAY**: $_____ ☐ HOUR ☐ SALARY

POSITION APPLIED FOR: * _____

EMPLOYMENT DESIRED: * ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

* **HAVE YOU EVER WORKED FOR THIS EMPLOYER?** ☐ YES* ☐ NO

***IF YES, WRITE THE START AND END DATES:** _____

* **HAVE YOU EVER BEEN CONVICTED OF A FELONY?** ☐ YES* ☐ NO

***IF YES, PLEASE EXPLAIN:** _____

MILITARY SERVICE

ARE YOU A VETERAN? ☐ YES ☐ NO BRANCH: _____

FROM: _____ TO: _____ TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____ GRADUATE / GED? ☐ YES ☐ NO

COLLEGE / TECHNICAL SCHOOL: _____

CITY / STATE: _____ FROM: _____ TO: _____

GRADUATE? ☐ YES ☐ NO DEGREE / CERTIFICATE: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____

E-MAIL: _____ PHONE: _____

ADDRESS**:** _____

Street Address Apt/Suite

_____

City State Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY ENDING PAY: $_____ ☒ HOUR ☐ SALARY

FROM: _____/_____ TO: _____/_____ JOB TITLE: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____

E-MAIL: _____ PHONE: _____

ADDRESS**:** _____

Street Address Apt/Suite

_____

City State Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY ENDING PAY: $_____ ☒ HOUR ☐ SALARY

FROM: _____/_____ TO: _____/_____ JOB TITLE: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____

E-MAIL: _____ PHONE: _____

ADDRESS**:** _____

Street Address Apt/Suite

_____

City State Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY ENDING PAY: $_____ ☒ HOUR ☐ SALARY

FROM: _____/_____ TO: _____/_____ JOB TITLE: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

NAME: _____ RELATIONSHIP: _____

First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____

First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____

First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

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Applicant Name: * _____

Print Last First Middle

PRE-EMPLOYMENT CONSENT

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ☐ YES ☐ NO *

ARE YOU WILLING TO CONSENT TO A PRE-EMPLOYMENT DRUG SCREEN? ☐ YES ☐ NO *

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE * _____ DATE * _____

Authorization to Release Employee Information

I, * _____ , hereby authorize my prior employer to release any and all information relating to my employment with them to EEG Marine LLC. I further release and hold harmless both my prior employer and EEG Marine LLC from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by my prior employer will be held in strictest confidence, that it will be viewed only by those involved in the decision to hire, and that neither I nor anyone else not so involved will have the right to see the information.

Employee's Signature * _____

Date * _____