



APPLICATION FOR EMPLOYMENT

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER: Ship/Art is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL INFORMATION

Name _____ Date _____

Date Available for Work: _____ Last four digits of SSN: _____

Address _____

E-mail Address _____

Home Phone # _____ Mobile Phone # _____

Are you eligible to work in the U.S? Yes No

If hired, can you provide proof of identity and legal authorization to work in the U.S.? Yes No

Are you at least 18 years or older? (If no, you may be required to provide work authorization.) Yes No

If hired, would you have reliable means of transportation to and from work? Yes No

Are you licensed to drive? Yes No If Yes, in what state? _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly Rate/Salary desired _____

Position desired _____

Are you currently employed? Yes No

Can you work any shift? Yes No

Can you work overtime, including weekends? Yes No

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details _____

REFERRAL SOURCE

Have you worked for this company before? Yes No

Do you know anyone who works for our company? Yes No If yes, who?

EDUCATION

	Name/Location	#of Years	Diploma/Degree
High School			
College			
Trade			

EMPLOYMENT HISTORY

 List last employer first.

May we contact current employer? Yes No May we contact former employers? Yes No

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____

Supervisor _____ Department _____

Duties _____ FT PT No. of Hrs. _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____

Supervisor _____ Department _____

Duties _____ FT PT No. of Hrs. _____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____

Supervisor _____ Department _____
 Duties _____ FT PT No. of Hrs. _____
 Reason for Leaving _____

Employer _____ Address _____
 Telephone _____ Position _____

Dates of Employment: From _____ To _____

Supervisor _____ Department _____
 Duties _____ FT PT No. of Hrs. _____
 Reason for Leaving _____

Employer _____ Address _____
 Telephone _____ Position _____

Dates of Employment: From _____ To _____

Supervisor _____ Department _____
 Duties _____ FT PT No. of Hrs. _____
 Reason for Leaving _____

Please explain any gaps in employment.

Dates	Reason

REFERENCES List people we may contact who are qualified to evaluate your capabilities. Please list professional references only. Do not include friends, family members or relatives.

Name	Phone/Email	Company	Years Acquainted

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Ship/Art to verify their accuracy. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. I hereby release Ship/Art from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Ship/Art. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Ship/Art may terminate my employment at any time with or without notice or cause.

I understand that any offer of employment regarding certain job positions may be conditioned on satisfactory completion of medical examination and/or drug and alcohol screening. I agree to sign a release of medical information authorization form to submit to a medical examination and/or drug and alcohol testing should Ship/Art condition my offer of employment upon successful completion of such an examination or testing.

I authorize Ship/Art to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications and suitability for employment. I further authorize my former employers, references, schools, and any other organization to disclose to Ship/Art (without giving me prior notice of such disclosure) any and all information about my previous employment and education, along with other pertinent information they may have. In addition, I hereby release Ship/Art, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

Except as required in the performance of my duties, I understand and agree that if I am hired I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to Ship/Art, or its products, services, customers, employees, plans or procedures. I agree to deliver to Ship/Art any and all copies of confidential information, or other Ship/Art property, upon termination of the employment relationship or at any time upon Ship/Art's request. I also agree not to solicit customers or employees of Ship/Art either during my employment or after my employment termination.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

The statements above supersede and replace any prior understandings or discussions I have had with Ship/Art and set forth the complete agreement between Ship/Art and me regarding these matters.

I certify that I have read, fully understand and accept all of the above terms and statements.

Signature of Applicant _____ Date: _____