

Mile 533 Marine Ways, Inc.

748 E. Goodnight Ave. ~ Aransas Pass, TX 78336
All mail to: P.O. Box 2269 Rockport, TX 78381
Phone 361-758-5379 or 361-385-2244

“We are an equal employment company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, or national origin, or physical disabilities”

DATE: _____ DATE YOU CAN START: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

POSITION APPLYING FOR: _____

Applicant Questionnaire Question:

YES NO

_____ 1 Are you at least 18 years old?

_____ 2. Do you have a valid Drivers License?

_____ 3. Are you currently working?

_____ A. Will you have to give notice?

_____ B. If so – how much?

_____ 4. Are you willing to work up to 20-22 consecutive days away from your home and family?

5. Driving Record

_____ A. Have you had a D.W.I. in the last 3 years?

_____ B. Do you have no more than 2 moving violations in the past three years?

6. Criminal Background

_____ A. Are you currently on probation or have any charges pending?

_____ B. Will you need to meet with a probation officer on a regular basis?

_____ 7. Can you pass a Drug and Alcohol screen?

- _____ 8. Have you ever been employed here before?
- _____ 9. Are you legally eligible for employment in this country?
- _____ 10. Have you ever had an accident on a boat?
 When? _____
 What happened? _____
 What Boat? _____ Owner? _____
- _____ 11. The position you have applied for, is there any physical condition we need to be made aware of that could prevent you from doing it safely and efficiently or create an injury to you because of a physical limitation?
- _____ 12. Do you consent to background checks of consumer report information regarding education, employment history, motor vehicle record, etc....?

How did you hear about us?

- Employee** **Name Of Employee** _____
- Newspaper** **Name of Newspaper** _____
- Internet** **Name of Web Site** _____
- Other** **Please Explain** _____

APPLICATION FOR EMPLOYMENT

NAME	LAST	FIRST	MI	APPLICATION DATE
				()
PRESENT ADDRESS	STREET	CITY	STATE	ZIP
				()
PERMANENT ADDRESS	STREET	CITY	STATE	ZIP
				()
PHONE NUMBER				

SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER		STATE ISSUED		DATE OF BIRTH

EDUCATION AND TRAINING

CIRCLE HIGHEST GRADE COMPLETED IN EACH SCHOOL CATEGORY

GRADE SCHOOL	HIGH SCHOOL		TECH SCHOOL		COLLEGE	GRADUATE SCHOOL
1 2 3 4 5 6 7 8	9 10 11 12		1 2		1 2 3 4	1 2 3 4

VOCATIONAL TRAINING OF SKILLS

SCHOOL	COURSE NAME	DATE COMPLETED	AWARDS/CERTIFICATES/SPECIAL SKILLS

MILITARY SERVICE

YES NO (PLEASE CIRCLE ONE)

BRANCH OF SERVICE	ENLISTMENT DATE	DISCHARGE DATE	RATING AT DISCHARGE	TYPE OF DISCHARGE	SPECIAL TRAINING

REFERENCES (PLEASE LIST 3)

NAME	ADDRESS	PHONE NUMBER	RELATIONSHIP

**** FEDERAL LAW PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 YEARS OF AGE.

EMPLOYMENT HISTORY

(STARTING WITH LAST OR PRESENT EMPLOYER FIRST)

EMPLOYER	DATES	SALARY
PHONE #	FROM	STARTING
ADDRESS	MONTH YEAR	\$ PER
	TO	FINAL
JOB TITLE	DESCRIBE MAJOR DUTIES	
DEPARTMENT/VESSEL	IF APPLICABLE: VESSEL	
SUPERVISOR	HORSEPOWER	
	REASON FOR LEAVING	
EMPLOYER	DATES	SALARY
PHONE #	FROM	STARTING
ADDRESS	MONTH YEAR	\$ PER
	TO	FINAL
JOB TITLE	DESCRIBE MAJOR DUTIES	
DEPARTMENT/VESSEL	IF APPLICABLE: VESSEL	
SUPERVISOR	HORSEPOWER	
	REASON FOR LEAVING	
EMPLOYER	DATES	SALARY
PHONE #	FROM	STARTING
ADDRESS	MONTH YEAR	\$ PER
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JOB TITLE	DESCRIBE MAJOR DUTIES	
DEPARTMENT/VESSEL	IF APPLICABLE: VESSEL	
SUPERVISOR	HORSEPOWER	
	REASON FOR LEAVING	
EMPLOYER	DATES	SALARY
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DEPARTMENT/VESSEL	IF APPLICABLE: VESSEL	
SUPERVISOR	HORSEPOWER	
	REASON FOR LEAVING	
EMPLOYER	DATES	SALARY
PHONE #	FROM	STARTING
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	TO	FINAL
JOB TITLE	DESCRIBE MAJOR DUTIES	
DEPARTMENT/VESSEL	IF APPLICABLE: VESSEL	
SUPERVISOR	HORSEPOWER	
	REASON FOR LEAVING	

PLEASE READ THIS CAREFULLY BEFORE SIGNING:
EMPLOYEE RELEASE

CERTIFICATIONS AND AUTHORIZATIONS
(READ THE FOLLOWING CAREFULLY)

I certify that the answers supplied by me on this application are true and complete, without any material omissions; I understand that any false statements or material omissions in this application will be grounds for cancellation of the application and/or dismissal from the Company's service if I have been employed.

I understand that if employed, in the absence of a written employment contract, my employment will be for an indefinite period of time, and that I may terminate my employment at any time for any reason, and that the Company may do likewise; I further understand that no representative of the Company has authority to enter into any agreement to the contrary, unless such agreement is in writing and signed by the President of the Company.

This is to inform you that an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends, and others with whom you are acquainted, and that such inquiry may include information as to your character, general reputation, personal characteristics or mode of living, which will be used for employment purposes. You have the right to make a written request within a reasonable period of time for a discloser concerning the nature and scope of this investigation.

I authorize the Company to investigate the information contained in this application; I further authorize the former employers listed above to give to you any and all information concerning my previous employment, and I release all parties from liability as a result of such disclosures.

I agree, if employed and an injury or illness occurs while working, to provide the company access to all medical records related to the diagnosis and treatment of the injury or illness.

I understand I may be required to take a qualification test, based on the requirements of the position, and hold harmless the company for any injury incurred during such test.

I have read and signed the applicant drug and alcohol screen and search authorization form.

If employed, I agree to allow the company to deduct from my wages any monies owed to the company for tools, equipment, uniforms and/or wage advances.

I understand that this application will be active for only 60 days from the date below. After 60 days, I understand I must renew my application in order for it to be considered.

Signed: _____ Date: _____
(Applicant's Signature)