

Y & S MARINE, INC. EMPLOYMENT APPLICATION

Date: _____

(PLEASE PRINT CLEARLY)

TO APPLICANT: You must personally complete the application for it to be considered. Applications are considered effective for only sixty (60) days. Thereafter, you must personally appear and complete another application to be considered for employment.

** We consider all applicants for employment without regard for race, color, religion, creed, gender, national origin, age, marital status, sexual orientation, or any other legally protected status.

POSITION APPLIED FOR: _____ **AVAILABLE START DATE:** _____

FULL NAME (First, Middle, Last): _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____ SPOUSE'S NAME (if any) _____

HAVE YOU EVER HAD ANOTHER NAME AND/OR SOCIAL SECURITY NUMBER? Yes OR No Phone number _____

If yes, please Identify: _____

PRESENT ADDRESS: _____
Street Address City State Zip Code

PERMANENT HOME ADDRESS: _____
Street Address City State Zip Code

IN CASE OF EMERGENCY, CONTACT: _____
Full Name Telephone Number (with area code)

Street Address City State Zip Code

Email address: _____ TWIC Card: YES or NO

EDUCATION (List the highest grade level attended at each school, for college list the numbers of years attended)

Grade School: _____ High School: _____ Did you obtain a High School Diploma or GED? Yes OR No College: _____

Did you obtain a college degree or associates degree? Yes OR No Other: _____

DO YOU HAVE ANY PHYSICAL OR MENTAL CONDITION(S) WHICH MAY INTERFERE WITH OR HINDER THE PERFORMANCE OF THE JOB FOR WHICH YOU WICH TO BE CONSIDERED? Yes OR No. **IF SO, PLEASE EXPLAIN BELOW IN DETAIL:**

HAVE YOU EVER HAD AN ON THE JOB INJURY? Yes OR No IF ANSWER IS YES TO PRECEEDING QUESTION, COMPLETE BELOW:

APPROXIMATE DATE OF INJURY	EMPLOYER AT TIME OF INJURY	NATURE OF INJURY	WERE YOU DISABLED (CIRCLE ONE)	APPROXIMATE LENGTH OF TIME YOU WERE OFF WORK	WAS A CLAIM FOR BENEFITS MADE (CIRCLE ONE)
			YES NO		YES NO
			YES NO		YES NO
			YES NO		YES NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES OF AMERICA? Yes OR No

WHAT TYPE OF DRIVER'S LICENSE DO YOU HAVE? Operator Commercial Operator Class

I affirm that the above answers are true and correct

Signature of applicant

Date

If Commercial Operator give Operator No.: _____

ANY RESTRICTIONS ON LICENSE? ___ Yes OR ___ No. IF YES, EXPLAIN: _____

Referred By _____

List any and all training that is in still good standing:

_____	_____
_____	_____
_____	_____

IMPORTANT! GIVE THE NAME AND ADDRESS OF YOUR LAST FIVE EMPLOYERS, INLCUDING NAMES OF SUPERVISORS

NAME OF EMPLOYER AND SUPERVISOR	COMPANY ADDRESS	POSITION	EMPLOYED FROM TO		REASON FOR LEAVING
----- ----- -----	----- ----- -----	----- ----- -----			----- ----- -----
----- ----- -----	----- ----- -----	----- ----- -----			----- ----- -----
----- ----- -----	----- ----- -----	----- ----- -----			----- ----- -----
----- ----- -----	----- ----- -----	----- ----- -----			----- ----- -----
----- ----- -----	----- ----- -----	----- ----- -----			----- ----- -----

WILL YOU ABIDE BY THE SAFETY RULES OF THIS COMPANY? ___ Yes OR ___ No

IF INJURED WILL YOU ACCEPT THE MEDICAL FACILITIES RECOMMENDED BY YOUR EMPLOYER? ___ Yes OR ___ No

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (DO NOT INCLUDE PARKING TICKETS)? ___ Yes OR ___ No

IF ANSWER IS YES TO PRECEEDING QUESTION, COMPLETE BELOW:

I affirm that the above answers are true and correct

Signature of applicant

Date

DATE	NATURE OF CONVICTION	WHERE	DISPOSITION OF OFFENSE

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I hereby declare that I am not disabled in any way which would prevent me from steadily performing all the work applied for in this application. **I further declare that the answers to the questions on the opposite side are true and correct and that any misstatement of fact or omission should be cause for dismissal, rejection, or forfeiture of any and all benefits of employment, including but not limited to workers' compensation benefits and maintenance and cure.** I authorize the company to contact any of my previous employers as well as any reference source in order to verify the facts and information I have furnished regarding my qualifications and character. I hereby authorize any persons(s) having knowledge thereof to provide such information to the company, and I hereby release from liability and agree to hold harmless any person that furnishes such information in good faith. I agree that I will submit to a physical examination, urinalysis, and/or blood or other examination requested by the company at any time prior to or subsequent to my employment. I authorize the company to supply my employment record in whole or part and in confidence to any employer, insurance agency, or other party with legal and proper interest, and I hereby release the company from any liability and agree to hold harmless any employee of the company who furnishes such information. I further understand that my employment is for no fixed time and may be discontinued with or without cause or notice by myself or the company. I understand that no employee or officer or agent of the company may bind it by oral or printed statements, including handbooks, benefit books, or bulletins, contrary to the above. Finally I understand that no firearms, alcohol, or drugs are permitted on company premises, and that either being under the influence of alcohol or have identifiable traces of illicit drugs in my system during working hours is strictly prohibited. If medication is prescribed by a doctor, I am required to notify management, in writing, of the specific medical problem and the exact drug that has been prescribed, immediately upon reporting to work.

Under the provisions of the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681, et. seq. notice is hereby given that an investigative consumer report may be made which may include information pertaining to your credit worthiness, character, general reputation, personal characteristics, and mode of living, which will be used for employment purposes. An investigation into your workers' compensation or industrial accident background may also be conducted.

You are further advised under said Act you have the right to request the company to make a complete and accurate disclosure of the nature and scope of the investigation requested by the company. Your request must be in writing and submitted within a reasonable period of time after your application. The company shall respond in writing, mailed or otherwise delivered, to you not later than five days after the date on which the request for such disclosure was received from you or such investigative consumer report was first requested by the company, whichever is the latter.

I have carefully read the above provisions and, having had the opportunity to ask questions about them, agree to the terms and conditions stated on this form.

SIGNIATURE OF APPLICANT

DATE

EQUAL OPPORTUNITY EMPLOYER M/F/H

I affirm that the above answers are true and correct

Signature of applicant

Date