



EMPLOYMENT APPLICATION

PERSONAL

NAME _____		_____		_____		_____	
LAST		FIRST		FULL MIDDLE NAME		OTHER NAMES USED IN EMPLOYMENT AND EDUCATION	
CURRENT ADDRESS _____				_____		_____	
STREET NO.				APT. NO.			
CITY _____		COUNTY _____		STATE _____		ZIP _____	
PHONE: HOME (____) _____		BUSINESS (____) _____		OTHER (____) _____			
SOCIAL SECURITY NUMBER _____							
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? [] YES [] NO (Proof of employment authorization and identity will be required upon employment.)							
HAVE YOU EVER BEEN EMPLOYED BY OR MADE AN APPLICATION TO MSRC? [] YES [] NO							
IF YES, WHEN AND WHERE? _____							
ARE YOU 18 YEARS OF AGE OR OLDER? [] YES [] NO							
WHEN WAS YOUR MOST RECENT PHYSICAL EXAMINATION? _____							
WHEN WAS YOUR MOST RECENT DRUG TEST? _____							
DO YOU HAVE A CURRENT STCW CERTIFICATE? [] YES [] NO							
DO YOU HAVE A CURRENT MERCHANT MARINER'S DOCUMENT? [] YES [] NO							
USCG LICENSES AND RATINGS: (Specify type, tonnage, ocean or near coastal, and horse power)							
MASTER _____				CH. ENGR. _____			
MATE _____				ASST. ENGR. _____			
D.D.E. _____				A.B. SEAMAN _____			
DO YOU HAVE A Z-CARD? [] YES [] NO							
Q.M.E.D.? [] YES [] NO							
HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? [] YES [] NO							
IF YES, STATE THE REASON(S) AND DATE OF REVOCATION OR SUSPENSION: _____							

MSRC IS AN EQUAL OPPORTUNITY EMPLOYER. FEDERAL, STATE, AND LOCAL LAWS, AND COMPANY POLICY PROHIBIT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, VETERAN STATUS, PHYSICAL OR MENTAL DISABILITY, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW.

EMPLOYMENT HISTORY

(PLEASE PROVIDE A COMPLETE EMPLOYMENT HISTORY LISTING ALL POSITIONS HELD INCLUDING MILITARY, PART-TIME, RELEVANT SUMMER AND VOLUNTEER, USING ADDITIONAL SHEETS IF NECESSARY. LIST IN CHRONOLOGICAL ORDER STARTING WITH THE MOST RECENT OR PRESENT POSITION.)

NAME OF PRIOR EMPLOYER ADDRESS	DATES OF EMPLOYMENT (MONTH-YEAR) FROM TO	SALARY Final \$ _____ Beginning \$ _____
TELEPHONE (_____) _____	NAME AND TITLE OF SUPERVISOR	
JOB TITLE AND PRINCIPAL DUTIES		
REASONS FOR LEAVING		

NAME OF PRIOR EMPLOYER ADDRESS	DATES OF EMPLOYMENT (MONTH-YEAR) FROM TO	SALARY Final \$ _____ Beginning \$ _____
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JOB TITLE AND PRINCIPAL DUTIES		
REASONS FOR LEAVING		

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT OR ASKED TO RESIGN IN LIEU OF TERMINATION? [] YES [] NO. IF YES, PLEASE EXPLAIN. _____ _____
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EDUCATION

NAME CITY/STATE	DID YOU GRADUATE?	DATE COMPLETED	MAJOR	MINOR	TYPE OF DEGREE
HIGH SCHOOL ----- ADDRESS		N/A			Check one: High School Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/>
COLLEGE ----- ADDRESS					Received Degree Yes _____ No _____ Type of Degree Received _____ # of Hours Earned _____
COLLEGE ----- ADDRESS					Received Degree Yes _____ No _____ Type of Degree Received _____ # of Hours Earned _____
POST-GRADUATE ----- ADDRESS					
TECHNICAL ----- ADDRESS					
OTHER ----- ADDRESS					
SPECIAL LICENSES, CERTIFICATES _____					
COMPUTER HARDWARE/SOFTWARE KNOWLEDGE _____					

BUSINESS REFERENCES

Please List Three References Who Have Supervised You in the Work Environment:

NAME CITY/STATE	COMPANY AND TITLE	DAYTIME PHONE NUMBER
1. -----		
2. -----		
3. -----		

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH MSRC?
[] YES [] NO IF YES, PLEASE EXPLAIN.

ARE YOU WILLING TO TRAVEL, IF NECESSARY, FOR THE PERFORMANCE OF YOUR JOB? _____
ARE YOU WILLING TO RELOCATE? _____
IF WILLING TO RELOCATE, ANY LIMITATIONS OR RESTRICTIONS? _____

LEADERSHIP

DESCRIBE POSITIONS OF LEADERSHIP HELD

CAREER ACCOMPLISHMENT

DESCRIBE YOUR SINGLE MOST SIGNIFICANT ACCOMPLISHMENT DURING EMPLOYMENT

SECURITY INFORMATION

DRIVER'S LICENSE NUMBER _____ STATE _____

HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO, A FELONY OFFENSE AT ANY TIME, OR A MISDEMEANOR WITHIN THE LAST 10 YEARS? _____ IF YES, PROVIDE DETAILS INCLUDING DATE(S), PLACE(S), NATURE OF OFFENSE(S), AND RESULT(S).

All Applicants: You may answer "no" if the records relating to your conviction have been expunged or sealed. California Applicants: Do not include information concerning a conviction for a marijuana-related offense that is more than two years old. Massachusetts Applicants: Do not include misdemeanor convictions that are more than five years old.

A criminal conviction will not necessarily disqualify an applicant from employment. All circumstances will be taken into consideration, including date of conviction, type of offense, rehabilitation, and relationship between conviction and position sought.

THE FOLLOWING SECTION CONTAINS IMPORTANT INFORMATION REGARDING YOUR LEGAL RIGHTS AND IMPORTANT CERTIFICATIONS AND RELEASES OF LIABILITY. PLEASE READ IT CAREFULLY BEFORE SIGNING.

I DECLARE THAT THE INFORMATION PROVIDED BY ME IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT ANY MISREPRESENTATION OR OMISSION MADE BY ME DURING THE APPLICATION PROCESS MAY PRECLUDE AN EMPLOYMENT OFFER, OR MAY RESULT IN WITHDRAWAL OF AN EMPLOYMENT OFFER, OR IF I AM HIRED, IN MY IMMEDIATE DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL INFORMATION PROVIDED BY ME IN THE APPLICATION PROCESS AND I HEREBY RELEASE FROM ALL LIABILITY OR DAMAGES THOSE INDIVIDUALS, CORPORATIONS OR ORGANIZATIONS WHICH PROVIDE SUCH INFORMATION. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT ON THE COMPLETION OF A SATISFACTORY BACKGROUND INVESTIGATION, VERIFICATION OF EMPLOYMENT AND A DRUG TEST. IN ADDITION TO THE PREVIOUS REQUIREMENTS, AFTER AN OFFER IS EXTENDED SUCCESSFUL COMPLETION OF A PHYSICAL EXAMINATION IS REQUIRED FOR DESIGNATED POSITIONS. I UNDERSTAND THAT, IF HIRED, I SHALL BE EMPLOYED "AT WILL" AND THAT NOTHING CONTAINED IN THE COMPANY'S EMPLOYMENT APPLICATION, PERSONNEL POLICIES OR OTHER WRITTEN DOCUMENTS, NOR ANY ORAL STATEMENTS MADE TO ME BY THE COMPANY'S REPRESENTATIVES IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT, OR AT ANY OTHER TIME, SHALL CONSTITUTE AN EXPRESS OR IMPLIED EMPLOYMENT CONTRACT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE.

PLEASE SIGN AND DATE.

SIGNATURE _____

THIS APPLICATION WILL BE ACTIVE FOR 30 DAYS

DATE _____

