

# Employment Application

## **Marine Systems, Inc**



### **PLEASE NOTE**

1. This application will be considered current for only 60 days from this date, after that it must be renewed to be considered.
2. All applications questions must be answered for this application to be considered.

**An "EOE/AA" Employer**

## APPLICATION FOR EMPLOYMENT

NAME (LAST, FIRST, MI)			APPLICATION DATE
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)			PHONE NUMBER
PERMANENT ADDRESS (STREET, CITY, STATE, ZIP)			PHONE NUMBER
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

### EDUCATION AND TRAINING

INDICATE THE HIGHEST GRADE COMPLETED IN EACH SCHOOL CATEGORY																			
GRADE SCHOOL					HIGH SCHOOL				TECHNICAL SCHOOL		COLLEGE or UNIVERSITY				GRADUATE SCHOOL				
4	5	6	7	8	9	10	11	12	1	2	1	2	3	4	1	2	3	4	

### VOCATIONAL TRAINING AND SKILLS

SCHOOL	COURSE NAME	DATE COMPLETED	AWARDS CERTIFICATES, SPECIAL TRAINING

### MILITARY SERVICE

HAVE YOU EVER SERVED IN THE MILITARY?      YES      NO      IF YES, COMPLETE THE SECTION BELOW

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

### REFERENCES *(Please list three)*

NAME	ADDRESS	PHONE NO.	RELATIONSHIP

I understand that Marine Systems, Inc (MSI) is an equal opportunity employer. MSI does not discriminate in hiring or employment on the basis of race, color, religion Nation origin, sex, age, disability, or veteran status. No question on this application is intended to secure information to be used for such discrimination.

**EMPLOYMENT HISTORY**  
*(Starting with last or present employer first)*

<b>EMPLOYER</b>	DATES	MONTH	YEAR	SALARY	AMOUNT	PER <i>(Select One)</i>
PHONE NUMBER	FROM			STARTING		YEAR MONTH HOUR
ADDRESS	TO			FINAL		YEAR MONTH HOUR
JOB TITLE	DESCRIBE MAJOR DUTIES					
SUPERVISOR	REASON FOR LEAVING					
<b>EMPLOYER</b>	DATES	MONTH	YEAR	SALARY	AMOUNT	PER <i>(Select One)</i>
PHONE NUMBER	FROM			STARTING		YEAR MONTH HOUR
ADDRESS	TO			FINAL		YEAR MONTH HOUR
JOB TITLE	DESCRIBE MAJOR DUTIES					
SUPERVISOR	REASON FOR LEAVING					
<b>EMPLOYER</b>	DATES	MONTH	YEAR	SALARY	AMOUNT	PER <i>(Select One)</i>
PHONE NUMBER	FROM			STARTING		YEAR MONTH HOUR
ADDRESS	TO			FINAL		YEAR MONTH HOUR
JOB TITLE	DESCRIBE MAJOR DUTIES					
SUPERVISOR	REASON FOR LEAVING					
<b>EMPLOYER</b>	DATES	MONTH	YEAR	SALARY	AMOUNT	PER <i>(Select One)</i>
PHONE NUMBER	FROM			STARTING		YEAR MONTH HOUR
ADDRESS	TO			FINAL		YEAR MONTH HOUR
JOB TITLE	DESCRIBE MAJOR DUTIES					
SUPERVISOR	REASON FOR LEAVING					

**EMPLOYMENT HISTORY (CONTINUED)**

HAVE YOU WORKED FOR A DEPARTMENT OF TRANSPORTATION EMPLOYER (TRUCKING, RAIL OR MARINE COMPANY) WITHIN THE PREVIOUS 2 YEARS?      YES      NO

IF YES, NAME OF COMPANY

DATES OF EMPLOYMENT

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**PERSONAL DATA**

ARE YOU A U.S. CITIZEN OR LEGALLY AUTHORIZED TO WORK IN THE U.S.?      YES      NO

WHAT DATE ARE YOU AVAILABLE FOR EMPLOYMENT? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?      YES      NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR?      YES      NO

IF YES, PLEASE EXPLAIN:

PLEASE READ CAREFULLY BEFORE SIGNING:

EMPLOYEE RELEASE:

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**CERTIFICATIONS AND AUTHORIZATIONS**

(Read the following carefully)

I declare that the answers to the questions on this application and related paperwork which are a part of this application package and any attachment to the same, are true and complete and that and misstatement(s) of fact(s), or omission(s) in this application may form the basis for rejection of my application, withdrawal of any offer/or is cause for termination from Marine Systems, Inc (hereafter "Company"

**I understand and agree that if employed, 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; and my employment shall be considered "at-will" and that any salary figures discussed on an annual or monthly basis in no manner creates a contract of employment or alters my "at-will" status; I further understand that no representative of the Company has authority to enter into any agreement to the contrary, unless such an agreement is in writing and signed by the President of the Company.**

I authorize the Company to investigate the information contained in this application; I further authorize the former employers listed above to give the company and its representatives to you any and all information concerning my previous employment, and I release the Company, it's officers, directors, employees, agents and assigns from any and all arising out of this investigation or as a result of such disclosures.

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

I have read, understood and signed the Medical Information Release, Consent to Drug and Alcohol Testing, Consent to Background Check and Consumer Report Disclosure and Authorization.

If employed, I agree to allow the Company to deduct from my wages any monies owed to the Company for tools, equipment, uniforms, licensing fees, travel, car rental, birth certificates, fines assessed and/or wage advances. I consent to the Company deducting from my first check all reproduction costs incurred on producing required documents for licensing. I further agree that if I an not permitted to attend class due to failure to comply with the requirement to produce required documents, my travel cost to return home will be at my own expense.

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,

Signature: \_\_\_\_\_

Applicant's Signature

Date: \_\_\_\_\_

## **MEDICAL INFORMATION RELEASE**

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In connection with an offer of employment, Marine Systems, Inc (hereafter "Company") may request a post-job offer medical inquiry and/or examination for purposes of establishing and verifying the performance of essential job-related functions, with and without reasonable accommodations. I authorize and request all healthcare providers or hospitals to release said information for verification of a post-job offer medical inquiry, if required, to the Company, its designated representatives, or its healthcare provider.

I understand and agree that post-job offer, I may be required to take a fitness for duty exam when there is a need to determine whether I am still able to perform the essential functions of the job, and based on that understanding, I hereby release and hold harmless the Company, its officers, directors, employers, agents and assigns for my death, any personal injury or illness resulting from, arising out of, or incurred during such test, without regard to the causes thereof or the Company's negligence, whether sole, joint, concurrent, active or passive.

I authorize a photocopy (or a facsimile "FAX") of this Medical Information Release to be considered as effective and valid as the original. All results will be proprietary, will be kept confidential, and will not be provided to any parties other than the Company or its legal representatives, unless required to do so by court order or subpoena. I voluntarily waive all recourse against and hereby release the requested parties from liability for complying with this Medical Information Release.

The Company's retrieval and usage of this information will comply with applicable laws, rules and regulations. The Company is an Equal Opportunity Employer and does not discriminate based upon race, color, gender, national origin, religion, age or disability.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONSENT TO DRUG AND ALCOHOL TESTING**

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I understand and agree that prior to employment and /or during the course of my employment, I may be required to submit to tests to determine alcohol or drug use (included but not limited to breathalyzer, urinalysis, hair test, and/or blood tests), and I hereby release from all liability any clinics, doctors, nurses or contractors who conduct such tests. I consent to the taking of such tests as directed by Engine Systems, Inc (hereafter "Company") and I further consent that the results of any such tests may form the basis for withdrawal of any offer or for my termination, if hired.

I authorize a photocopy (or a facsimile "FAX") of this General Release to be considered as effective and valid as the original. All results will be proprietary, will be kept confidential, and will not be provided to any parties other than the Company, its legal representatives, or government agencies or other prospective employers as required by law, court order or subpoena. Specifically, positive drug tests of individuals licensed by the Coast Guard will be reported to the Coast Guard. I voluntarily waive all recourse against and hereby release the requested parties from liability for complying with this General Release

**I understand and agree that if (1) fail a chemical test for controlled substances, (2) fail a breath alcohol test or (3) refuse to participate in a company conducted pre-employment, random, reasonable cause, or post accidental test, I will be reported to the United States Coast Guard Officer in Charge, denied employment as a crew member and subjected to suspension revocation proceedings according to United States Coast Guard Policy. I further understand and agree to hold harmless the Company, its employees, agents, and assigns from any action taken against my License, Certificate of Registry, or Merchant Mariner's Document as a result of my refusal of positive test results.**

The Company's retrieval and usage of this information will comply with applicable laws, rules, and regulations. The Company is an Equal Opportunity Employer and does not discriminate based upon race, color, gender, national origin, religion, age or disability

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **CONSENT TO BACKGROUND CHECK**

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In connection with my employment/application for employment with Marine Systems, Inc (hereafter "Company"), I hereby make the following representations: I fully understand and consent to the provisions of this Consent for Background Check which authorizes that the Company may now or at any time while I am employed, conduct a public record(s)/ research report containing information for verification of prior employment, academic achievement, use of a motor vehicle, criminal convictions, general background and personal character, and obtain a Consumer Report and /or Consumer Investigation Report from a Consumer Reporting Agency. A Consumer Report may include, but is not limited to, information relating to credit standing, character, general reputation, personal characteristics and medical information. I authorize and request all persons, schools, business, corporations, courts, law enforcement agencies, armed forces, employment commissions, and all government agencies to release said information without restriction or qualification.

I authorize a photocopy (or a facsimile "FAX") of this Consent to Background Check to be considered as effective and valid as the original. All results will be proprietary, will be kept confidential, and will not be provided to any parties other than the Company, or its legal representatives. I voluntarily waive all recourse against and hereby release the requested parties from liability for complying with this General Release

The Company's retrieval and usage of this information will comply with applicable laws, rules, and regulations. You may submit a written request for disclosure of the nature and scope of this background investigation. You may also request a copy of a written summary of the rights of the consumer under the Fair Credit Reporting Act. The Company is an Equal Opportunity Employer and does not discriminate based upon race, color, gender, national origin, religion, age or disability

I release the Company and its respective officers, directors, employees, agents, and assigns from any and all liability arising out of the investigation, the preparation and the disclosure (to the Company or its authorized representatives) of any reports concerning myself or my background

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date