



APPLICATION FOR EMPLOYMENT

PERSONAL INFORM	<u>ATION</u>					
Name:		Phone:		Email Address:		
Address:		City:		State:	Zip Code:	
Have you ever been	orized to work in the U.S convicted of a felony?	NO □ YES □		·	_	NO □ YES □
(If Yes, explain:						
EMPLOYMENT DESI	<u>RED</u>					
Position:	Availab	le Start Date:	Salary ex	pectations for th	nis position:	
Employment Type:	Full Time \square	Part Time 🗆	Tempo	rary 🗆	Intern \square	
EDUCATION High School/College	/Vocational/Trade Schoo	ol Course of S	Study	Years Comple	eted D	iploma/Degree Received
PREVIOUS EMPLOY	MENT					
		Address:			Ę	Phone:
		Address: Work Performed:				
						To
Company:				Phone:		
		Work Performed:				
						То
REFERENCES						
Name:		Phone #:		Relationship:		
				Relationship:		
Name:		Phone #:		Relationship:		
PHYSICAL RECORD						
Can you perform the	e duties of the job you ar					
		,	•	•		s are applicable to the
position for which ye	ou are applying, please a	sk the interviewer b	erore you ans	wer this questio	on.)	

Please read carefully before signing.

Island Energy Services is an equal opportunity employer and we strive to have a work culture as diverse as the island we serve. All aspects of employment including the decision to hire, promote, provide training, discipline, or discharge, will be based on merit, competence, performance, and business needs. We do not discriminate on the basis of race, color, religion, marital status, age, national origin, ancestry, physical or mental disability, medical condition, pregnancy, genetic information, gender, sexual orientation, gender identity or expression, veteran status, or any other status protected under federal, state, or local law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Island Energy Services to hire me. If I am hired, I understand that either Island Energy Services or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Island Energy Services has the authority to make any assurance to the contrary.

I attest with my signature below that the information I have given to Island Energy Services on this application is true and complete. No requested information has been concealed. I authorize Island Energy Services to contact references provided for employment reference checks. 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.

Date	Signature
Date	orginature.

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.