



For office use only:		Interview Date/Time:
BC	_____ GM _____	
HR	_____ SUP _____	

Date: _____

Employment Application

St. Johns Ship Building is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Employment Desired

Date you can start: _____	Hourly Rate/Salary desired: _____	
Select position desired:		
_____ Administration	_____ Facilities	_____ Pipe Fitting
_____ Carpentry	_____ Machinists	_____ Quality Assurance
_____ Electrical	_____ Operators	_____ Ship Fitting
_____ Fabrication	_____ Paint	_____ Welding
Are you eligible to work in the U.S.?	_____ Yes _____ No	
Are you at least 18 years or older, and if hired, can you furnish proof?	_____ Yes _____ No	
Are you available to work:	_____ Days _____ Nights _____ Weekends	
*Some crews require nights or weekends		

Personal Information

Name (Print):	First	Middle	Last
Phone Number:	Social Security Number:		
Present Address	Street and Number	City	State Zip
Length of time there?	Years	Months	
Previous Address	Street and Number	City	State Zip
Length of time there?	Years	Months	

Referral Source

Have you ever worked for this company before?	_____ Yes _____ No
If yes, please give dates and position:	
How did you hear about us?	Walk-In _____ Advertisement _____ Referral _____ Other _____
Do you have any relative or friends who work for the company?	_____ Yes _____ No
If yes, who and where do they work?	
NOTE: Answering Yes to the following two questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged.)	
Have you ever pled guilty or no contest to, or been convicted of, a misdemeanor?	_____ Yes _____ No
Have you ever pled guilty or no contest to, or been convicted of, a felony?	_____ Yes _____ No
Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?	_____ Yes _____ No
If yes to any of these questions, please give dates(s) and details. If more room is needed, please use back of page.	

Employment History

Please list the names of your present or previous employers in chronological order with the present or last employer listed first. Be sure to account for **all** periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page(s) if necessary.)

Are you presently employed? _____ Yes _____ No

If yes, may we contact your employer? _____ Yes _____ No

If presently employed, why are you considering leaving?

Name of Present or Last Employer		Address: Number, City, State, Zip Code		Telephone
Employed From (mo./yr.)	Pay Start \$	Your Title or Position	Name and Title of Last Supervisor	
To (mo./yr.)	Final \$	Reason for Leaving		
Employer Name		Address: Number, City, State, Zip Code		Telephone
Employed From (mo./yr.)	Pay Start \$	Your Title or Position	Name and Title of Last Supervisor	
To (mo./yr.)	Final \$	Reason for Leaving		
Employer Name		Address: Number, City, State, Zip Code		Telephone
Employed From (mo./yr.)	Pay Start \$	Your Title or Position	Name and Title of Last Supervisor	
To (mo./yr.)	Final \$	Reason for Leaving		

Have you ever been terminated or asked to resign from any job? If yes, please explain circumstances:

_____ Yes

_____ No

Please explain any gaps in your employment history:

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position which you are applying:

Have you ever used another name? _____ Yes _____ No

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

Can you perform the essential functions of the position for which you are applying? _____ Yes _____ No

_____ Yes

_____ No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Education

School Name	Name and location of school	Number of years attended	Degree received	Subjects studied/Major
High School, City, State				
College or University, City, State				
Trade or Business School, City, State				

Personal References

Name	Occupation	Address (Street, City, State)	Telephone Number	Years Acquainted

Please read carefully before signing.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize St. Johns Ship Building to verify their accuracy and to obtain reference information on my work performance. I hereby release St. Johns Ship Building from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me an accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constituted the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Date _____ Signature of Applicant _____

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the applicant in completing the Employment Application.

I attest, under penalty of perjury, that I have assisted in the completion of this Employment Application and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date	
First Name		Last Name		
Address (Street Number and Name)		City or Town	State	Zip Code