



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.

Position Desired: <input type="checkbox"/> Part time <input type="checkbox"/> Full time					Date:		
Name (Print) Last			First		Middle		
Present Address				Length of time there?		Years	Months
Street and Number	City	State	Zip Code				
Previous Address				Length of time there?		Years	Months
Street and Number	City	State	Zip Code				
Telephone No.		Daytime/Cellular Telephone No.			Social Security No.:		

Have you ever worked for this company before Yes No

If yes, please give dates and position:

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 or felony? Yes No

If yes, please give the date(s) and details

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, please give the date(s) and details:

Record of Previous Employment

Please list the names of your present or previous employers in chronological order with 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 if necessary]

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

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

Have you ever been terminated or asked to resign from any job? Yes No If Yes please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? Yes No. If No, please explain:

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

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Do you have adequate transportation to and from work? Yes No

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

Year	Number of Days	Year	Number of Days	Year	Number of Days
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Education

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

Personal References

Please list persons who know you well—**not** previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

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 and 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 constitute 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** _____