

EMPLOYMENT APPLICATION

Olson Marine Inc.
PO Box 1417
Ward Cove, AK 99928
Phone: 907-247-1417 Fax: 907-247-1418



EMPLOYEE INFORMATION

Name (Last, First, Middle)		Social Security No.
Address		Telephone No.
City/State/Zip		Alternate No.
Date of Birth	Age	Are you legally eligible for employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Desired	Desired Pay Rate	Date You Can Start
Are you available to work (Mark all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
This job may require lifting of heavy objects – Is this a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT HISTORY

List most recent employment first. Include summer, temporary, job-related military and/or volunteer jobs. Be sure all your experience or employers related to this job are listed here, in the summary following this section or on an extra sheet of paper if necessary.

Employer name & address	Position title/duties/skills	Start date
		End date
Phone		Starting salary/rate
Supervisor	Reason for leaving	Ending salary/rate
Employer name & address	Position title/duties/skills	Start date
		End date
Phone		Starting salary/rate
Supervisor	Reason for leaving	Ending salary/rate
Employer name & address	Position title/duties/skills	Start date
		End date
Phone		Starting salary/rate
Supervisor	Reason for leaving	Ending salary/rate

EDUCATION

Type	Name & Location	Years Completed	Field of Study	Diploma/Degree
High School				
College/University				
Additional				

OTHER SPECIAL SKILLS

Special skills and qualifications-Mechanical and/or technical experience and abilities relevant to the position for which you have applied:

REFERENCES

Name	Address	Phone

EMERGENCY CONTACT

In case of accident or illness, please contact:	Name	Phone
	Address	Relationship

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____

PERSONNEL DEPARTMENT

Arrange Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewer	Date	
Remarks			
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Hired	Job Title	Hourly Rate/Salary

Notes