



Donjon Marine Co., Inc.

Application For Employment

DATE: _____

NAME: _____
Last First Middle

PRESENT ADDRESS: _____
Street City State ZIP Code

PERMANENT ADDRESS: _____
Street City State ZIP Code

PHONE NUMBER: _____ MOBILE NUMBER: _____

Are you 18 years of age or older? ☐ Yes ☐ No If not, state your age _____ If not, do you have the required working papers? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense? ☐ Yes ☐ No If yes, please explain: _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START: _____ SALARY REQUESTED: _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE: _____ WHEN: _____

EDUCATION	NAME OF SCHOOL	LOCATION OF SCHOOL	YEARS ATTENDED	DEGREE(S) OBTAINED / SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, CORRESPONDENCE, OR BUSINESS SCHOOL				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

U.S. MILITARY SERVICE: _____ RANK: _____ DISCHARGE STATUS: _____

REFERENCES: GIVE THE NAMES AND ADDRESSES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

"WE ARE AN EQUAL OPPORTUNITY EMPLOYMENT COMPANY. WE ARE DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN, DISABILITY, MARITAL STATUS, ARREST RECORD, CITIZENSHIP STATUS, OR SEXUAL ORIENTATION."

FORMER EMPLOYERS
(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE (MONTH AND YEAR)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
WORK PERFORMED:				
FROM				
TO				
WORK PERFORMED:				
FROM				
TO				
WORK PERFORMED:				

BELOW, PLEASE PROVIDE A LIST OF PEOPLE AND NUMBER WE CAN REACH IN CASE OF EMERGENCY.

NAME	RELATIONSHIP	CONTACT NUMBER	ADDRESS
1.			
2.			
3.			

I HEREBY GIVE AUTHORITY TO CHECK THE REFERENCES GIVEN IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR WILL NOT BE INTERPRETED IN MY FAVOR.

DATE: _____ SIGNATURE: _____

**DO NOT WRITE BELOW THIS LINE
FOR OFFICE USE ONLY**

INTERVIEWER: _____ DATE: _____

REMARKS: _____

HIRE DATE:	FOR DEPT:	POSITION	WILL REPORT	SALARY/WAGE
APPROVED	1.	2.	3.	

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER