



DONJON SHIPBUILDING & REPAIR, LLC

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

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