

### **Application for Employment**

Lewis Marine considers applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other lawfully protected status.

#### (PLEASE PRINT)

	(I EE/ICE			
Position Applied For			Date	
How Did You Learn About Lewis M	farine?	<del></del>	· · · · · · · · · · · · · · · · · · ·	
☐ Advertisement	☐ Friend	☐ Walk-	<b>I</b> n	
☐ Employment Agency	Relative	Other		
PICTURE ID REQUIRED				
Last Name	First Name		Middle Name	
Address Number St	reet	City	State	Zip Code
Telephone Number(s)			Email	
				,
If you are applying for driver positi	on are vou ever ?	()	□ v <sub>as</sub>	☐ No
			_	
Have you ever been employed with	Lewis Marine bei			☐ No
			es, give date	
Have you ever filed an application	for employment w	ith Lewis Marine	before? Yes	☐ No
		If Y	es, give date	
Are you currently employed?				☐ No
May a Lewis Marine representative			Yes	☐ No
Are you prevented from lawfully be country because of Visa or Immigra Proof of citizenship or immigration status will be requ	ation Status?		Yes	☐ No
On what date would you be availab Are you available to work:		Part Time		
Have you been convicted of a crime within the last 7 years?		neanor or felony	Yes	☐ No
If Yes, state the county, state, and convicted of.	date of your conv	iction. Describe	the crime that you w	ere 
Do you have a current Driver's Lice	ense? 🔲 Yes 🔲 N	No From which	state?:	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# **Education**

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School		,		
Undergraduate College				1)
Graduate Professional				

Other Qualifica	tions				
Languages:					
	Read 🛭 Write 🗖 Speak 🗆	Check one: Fluent $\square$ Good $\square$ Fair $\square$			
	Read 🛭 Write 🗎 Speak 🗆	Check one: Fluent $\square$ Good $\square$ Fair $\square$			
	Read 🗆 Write 🗅 Speak🗅	Check one: Fluent $\square$ Good $\square$ Fair $\square$			
Computer: PC/Windo	ows 🔲 Mac 🗌				
Software: Word 🖸 Excel 📮 Powerpoint 🗌					
Δ					
Summarize special job-related skills and qualifications acquired from employment or other experience.					
			-		
			_		
State any additional	information you feel may be helpf	ul to us in considering your application.			
Emergency Contact					
Lineigency Contact					
	Phone #:				
Name:					
Name:		we can contact. Only 1 can be a rela	tive		
Name:References - Ple	ease give 3 references that	we can contact. Only 1 can be a rela	tive		
Name:References - Ple	ease give 3 references that	we can contact. Only 1 can be a rela	tive.		
Name: References - Ple			tive		
Name: References - Ple	ease give 3 references that	we can contact. Only 1 can be a rela	tive.		
Name: References - Ple	ease give 3 references that	we can contact. Only 1 can be a rela			
Name:	ease give 3 references that (Name)	we can contact. Only 1 can be a relationship to Applicationship to App			
Name: References - Ple	(Name) (Address)	we can contact. Only 1 can be a relationship to Applicationship to App			
Name:	ease give 3 references that (Name)	we can contact. Only 1 can be a rela-			
Name:	(Name) (Address)	we can contact. Only 1 can be a relationship to Applicationship to App	ant		
Name:	(Name) (Address)	we can contact. Only 1 can be a relationship to Applicationship to App	ant		
References - Ple  1  2	(Name)  (Address)	we can contact. Only 1 can be a relationship to Applicationship to App	ant		
Name:	(Name)  (Address)  (Address)	we can contact. Only 1 can be a relationship to Applicationship to App	ant		
Name:	(Name)  (Address)	we can contact. Only 1 can be a relationship to Applicationship to App	ant		
References - Ple  1  2	(Name)  (Address)  (Address)	we can contact. Only 1 can be a relationship to Applicationship to App	ant		

## **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Da	Dates Employed		Work Performed
	Fro	m	То	Work I errormed
Address				
Telephone Number(s)			e/Salary	
		Start Final		
Job Title Super	visor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
Address	Fro	m	То	
			10.1	
Telephone Number(s)	Hour		e/Salary Final	
Job Title Super	visor			
Reason for Leaving				
Employer			ployed	Work Performed
Address	Fro	m	To	
		L		
Telephone Number(s)			e/Salary	
Job Title Super	Sta	rt	Final	
3uper	VISOI			
Reason for Leaving			- 1	
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## **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 including personal data and information contained in this application for employment as may be necessary in arriving at an employment decision including criminal background check, reference contact, former employer contact.

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 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 and that my employment is subject to 90 days probationary period beginning on the date of initial hire. During the probationary period my ability to perform my job duties and to work with others within the Lewis Marine business plan will be evaluated and further employment will depend upon a positive evaluation by my supervisor at the end of the 90 days probationary period.

I understand that within prior to employment of initial hire I will be background checked, drug tested and the results will be received by Lewis Marine and that a positive test result for any unlawful substances will result in a re-evaluation of

my employment status and may be grounds for immediate termination. Cocaine, narcotics and any other dangerous drug revealed upon initial hire drug testing will disqualify me for continued employment at Lewis Marine and result in termination of my employment.

Signature of Applicant	Date