



SHIP SERVICES

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ CAREFULLY-WRITE CLEARLY- ANSWER ALL QUESTIONS

THE QUESTIONS FOUND IN THIS FORM ARE BEING ASKED TO PROPERLY EVALUATE YOUR ABILITY AND CHANCE FOR SUCCESS IN THE POSITION FOR WHICH YOU ARE APPLYING. EVERY EFFORT HAS BEEN MADE TO COMPLY WITH APPLICABLE FEDERAL LAW AND LAWS OF OUR STATE. IT IS NOT OUR INTENT TO DISCRIMINATE IN EMPLOYMENT ON ACCOUNT OF RACE, COLOR, SEX, ANCESTRY, RELIGION, AGE, NATIONAL ORIGIN, MENTAL OR PHYSICAL DISABILITY, SEXUAL PREFERENCE, GENDER IDENTITY, MARITAL STATUS, VIETNAM ERA VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY STATE OR FEDERAL LAW.

DATE: _____ POSITION APPLIED FOR: _____

NOTE: THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY BEFORE IT WILL BE ACCEPTED. OTHER FORMS OF APPLICATION ARE NOT ACCEPTABLE.

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

SOCIAL SECURITY NO.: _____ PHONE NO.: _____ EMAIL: _____

ADDRESS: _____
STREET CITY STATE ZIP

YOU ARE REQUIRED TO COMPLETE AN I-9 APPLICATION AND WILL BE EXPECTED TO PROVIDE APPROPRIATE DOCUMENTATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES AND YOUR IDENTITY.

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION YOU ARE APPLYING FOR WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

NAME AND ADDRESS OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

NAME ADDRESS PHONE NO.

ARE YOU RELATED TO ANYONE IN OUR COMPANY? YES NO IF YES, GIVE NAME: _____

ARE YOU EMPLOYED NOW? YES NO WHERE? _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO DATE YOU CAN START: _____

SALARY DESIRED: _____ REFERRED BY: _____

HAVE YOU EVER APPLIED FOR A JOB WITH THIS COMPANY BEFORE? YES NO IF YES, STATE WHEN: _____

EDUCATION

LIST HIGH SCHOOL AND ALL COLLEGES, UNIVERSITIES, GRADUATE SCHOOLS, TRADE, BUSINESS OR CORRESPONDENCE SCHOOLS ATTENDED GIVING YOUR MOST RECENT EDUCATION FIRST. (YOU MAY ATTACH AN ADDITIONAL PAGE)

HIGH SCHOOL, COLLEGE, UNIVERSITY, OR TRADE SCHOOL	LOCATION	MAJOR	DEGREE

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

DATES	EMPLOYER	POSITION	JOB DESCRIPTION	REASON FOR LEAVING

SHORTHAND (WPM): _____ TYPING (WPM): _____ OTHER OFFICE MACHINES: _____

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF INFORMATION REQUESTED ON THIS FORM IS GROUNDS FOR IMMEDIATE DISMISSAL. I AUTHORIZE SO CAL SHIP SERVICES (THE COMPANY) TO THOROUGHLY INVESTIGATE MY REFERENCES AND WORK HISTORY AND FURTHER AUTHORIZE ALL PRIOR EMPLOYERS, EDUCATIONAL INSTITUTIONS OR REFERNECES TO DISCLOSE TO COMPANY ANY AND ALL INFORMATION RELATED TO MY WORK RECORD, SCHOOL OR EDUCATION DEGREES AND ANY OTHER RELEVANT INFORMATION. I HEREBY RELEASE THE COMPANY, MY FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS, SOCIATIONS, EDUCATIONAL INSTITUTIONS FROM ANY AND ALL CLAIMS, DEMANDS, OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE. I UNDERSTAND THAT WEEKEND WORK, OVERTIME, CHANGES OF SCHEDULE AND LOCATION MAY BE REQUIRED DURING MY EMPLOYMENT. FURTHER, I UNDERSTAND THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE, WITH OR WITHOUT CAUSE. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO ALL RULES, REGULATIONS AND POLICIES OF THIS COMPANY. NO MODIFICATION OF THESE STATEMENTS SHALL BE VALID UNLESS WRITTEN AND SIGNED BY THE COMPANY PRESIDENT.

DATE: _____

SIGNATURE: _____

AGREEMENT

I, THE UNDERSIGNED, UNDERSTAND THAT I AM BEING CONSIDERED AS A POTENTIAL EMPLOYEE OF THE COMPANY, AND HEREBY CERTIFY THAT:

1. I AGREE THAT IF I AM HIRED, SUCH HIRING WILL NOT BE FOR ANY DEFINITE PERIOD OF TIME. EVEN THOUGH, IF HIRED, I WILL BE PAID MY WAGES ON A MONTHLY, SEMI-MONTHLY, WEEKLY OR HOURLY BASIS, I UNDERSTAND THAT THIS DOES NOT MEAN I AM BEING HIRED FOR A DEFINITE PERIOD OF TIME.
2. I AGREE THAT IF HIRED, I WILL BE AN EMPLOYEE AT-WILL AND I CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE.
3. I AGREE THAT THE AT WILL NATURE OF THE EMPLOYMENT RELATIONSHIP CANNOT BE CHANGED EXCEPT IN A WRITTEN DOCUMENT SIGNED BY ME AND THE COMPANY PRESIDENT.
4. I FURTHER REPRESENT THAT NO REPRESENTATIVE OF THE COMPANY HAS MADE ANY PROMISES OR OTHER STATEMENTS TO ME WHICH IMPLY THAT I WILL BE EMPLOYED ON ANYTHING OTHER THAN AN AT WILL EMPLOYMENT BASIS.
5. I UNDERSTAND THAT IF HIRED, I WILL BE REQUESTED TO SIGN A ARBRITRATION AGREEMENT WHICH WILL REQUIRE THE ARBITRATION OF ALL DISPUTES BETWEEN ME AND THE COMPANY.

DATE: _____

SIGNATURE: _____