# **Platform Marine**

PO BOX 7110 • VICTORIA, TX 77903 • 361-578-5100 • FAX 361-572-9743

### APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS: FEDERAL AND STATE LAW REQUIRES THAT ALL APLLICANTS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE OR NATIONAL ORIGIN. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL OPPORTUNITY AND WILL FULFILL OUR OBLIGATION TO THE FULLEST.

### PERSONAL DATA

NAME		SOCIA	L SECURITY NO	).	
NAMELAST FIRST	Γ ]	MI.			
PRESENT ADDRESS					
STREET		CITY	STA	TE	ZIP
TELEPHONE NUMBER		_ HOW LONG @	PRESENT ADDI	DRESS?	
EMERGENCY CONTACT NAME		TELEPHONE NUMBER			
POSITION(S) APPLIED FOR:	(CIRO	CLE ONE) FULL	-TIME OR PA	RT-TIME	
1)	2)		3)		
SPECIEV HOURS DESIRED BY DAY:	MON	THE	2	WFD	
SPECIFY HOURS DESIRED BY DAY: THURS FRI	SAT.	1 OL	SUN	WED	
RATE OF PAY EXPECTED:	ST	ART	6 MOS		1 YR.
HOW DID YOU HEAR OF THIS OPENI	NG?				
HAVE YOU EVER WORKED FOR THIS PREVIOUS JOB TITLE					
LIST ANY FRIENDS/RELATIVES WOR	KING WITH US	NOW			
LIST ANY SPECIAL SKILLS YOU HAV	E FOR THE POS	SITIONS APPLIE	D FOR ABOVE_		
*IMPORTANT: THE QUESTIONS CON' MAY BE NEEDED FOR BONA FIDE JO (CIRCLE ONE)					
ARE YOU OVER THE AGE OF 21?	YES	NO			
SEX	MALE	FEMALE			
MARITAL STATUS	SINGLE	MARRIED	DIVORCED	WIDOW	ED
NUMBER OF DEPENDENTS	1	2	3	4 1	MORE
HAVE YOU EVER BEEN BONDED?	YES	NO	IF YES-WHE	EN?	
HAVE YOU BEEN CONVICTED OF A C	CRIME IN THE P	AST 10 YEARS?	YES	NO	
IF YES, LIST CONVICTIONS					
DO YOU HAVE ANY PHYSICAL HANI	DICAPS PREVEN YES	NTING YOU FRO NO	M PERFORMING	G CERTAIN T	TYPE OF WORK?
IF YES, PLEASE EXPLAIN		NO			
HAVE YOU HAD ANY SERIOUS INJUI	RY OR ILLNESS		AST 5 YEARS?		
IF YES, PLEASE DESCRIBE	YES	NO			

### EMPLOYMENT HISTORY

LIST IN REVERSE ORDER, BEGINNING WITH PRESENT OR MOST RECENT JOB

EMPLOYER	POSITON	DATES	SALARY	REASON FOR
A) CO. NAME	JOB TITLE	A) START DATE	A) STARTING	LEAVING
B) ADDRESS		D) EDHOU DATE	PAY B) ENDING	
C) CITY/ST./ZIP D) CONTACT & PHONE		B) FINISH DATE	PAY	
		A)	A)	
A)		11)	71)	
B)				
C)		B)	B)	
D)				
A)		A)	A)	
B)				
C)		B)	B)	
D)				
A)		A)	A)	
B)				
C)		B)	B)	
D)				

## **MILITARY**

BRANCH	RANK	DUTIES	SALARY	REASON FOR CHANGE IN RANK	
LIST ANY SPECIAL SCHOOLS OR SKILLS ACQUIRED DURING YOUR MILITARY SERVICE:					

#### PERSONAL REFERENCES

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

#### APPLICANT: PLEASE READ AND SIGN BELOW

THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FOR EMPLOYMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED BY PLATFORM MARINE, ANY FALSE STATEMENTS WILL BE CONSIDERED AS A CAUSE FOR POSSIBLE DISMISSAL. YOU ARE HEREBY AUTHORIZED TO CONDUCT ANY INVESTIGATION OF MY PERSONAL HISTORY AND/OR CREDIT AND FINANCIAL RECORDS EMPLOYING INVESIGATIVE OR CREDIT AGENCIES OR BUREAUS OF YOUR CHOICE SUBJECT TO THE PROVISIONS OF THE FAIR CREDIT REPORTING ACT.

SIGNATURE OF APPLICANT

DATE