

SeaKing Inc. Employment Application Form

DRUG FREE WORKPLACE - APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ Alien No. _____

Nationality _____

Position applied for (1) _____ and salary desired (2) _____ (Be specific)

Are you able to travel? _____

How many hours can you work weekly? _____ Can you work weekends? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

SeaKing Inc. APPLICATION FOR EMPLOYMENT Page 3

<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">MILITARY</div>	
HAVE YOU EVER BEEN IN THE ARMED FORCES? ___ Yes ___ No	
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ___ Yes ___ No	
Specialty _____ Date Entered _____ Discharge Date _____	

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From To	Pay or salary Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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SeaKing Inc. APPLICATION FOR EMPLOYMENT Page 4

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	Your last job title		

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May we contact your present employer? Yes No
 Did you complete this application yourself Yes No
 If not, who did? _____