

ELDEAN SHIPYARD

EMPLOYMENT APPLICATION

ANTI-DISCRIMINATION POLICY – HANDICAPPED

The company does not discriminate against handicapped applicants or employees in any way. The company will comply with the provisions of the Michigan handicappers Civil Rights Acts, as amended.

If required by the act, we will take steps to reasonably accommodate handicapped employees, unless such accommodation would impose an undue hardship on the company, as defined by the act. A handicapper employed by the company who needs accommodations for employment must notify the company in writing of the need for accommodations within 182 days after the date that the handicapped knew or reasonably should have known that an accommodation was needed, the claim shall be deemed waived as provided in the act.

PERSONAL

Position sought: _____ Date: _____
Name: _____
Present Address: _____
Telephone: _____ Are you over the age of 18? If not, do you have a work permit? Yes No
How long have you lived in your present community? _____ How long at your present address? _____
Have you ever been bonded? Yes No Are you bondable? Yes No I don't know.
Have you ever been convicted of a crime? Yes No If yes, please state when, where and final outcome: _____
Are you available to work overtime when necessary on:
Weekends? Yes No Saturdays? Yes No Sundays? Yes No
When are you available to start work here?

EDUCATION & TRAINING

High School	Complete Address		Graduated: Yes/No
College or University	Complete Address	Major	Degree/Year
College or University	Complete Address	Major	Degree/Year
Trade School	Complete Address	Major	Completed: Yes/No Year:
Apprentice School	Complete Address	Major	Completed: Yes/No Year:

List any other education, training, special skills or certificates/licenses that you possess related to this job:

List any machines or equipment that you are qualified and experienced at operating:

List any languages that you fluently:

Speak:

Read:

Write:

REFERENCES

List business persons known, but not related to you for at least three years

	Name	Title	Business	Phone	Years Known
1.	_____				
2.	_____				
3.	_____				

EXPERIENCE

List the last 10 years' work experience beginning with most recent.

Employer's name/address/phone #	Type of firm & your job	Supervisor	Wages	From	To	Why you left

May we contact all of the above employers for references? Yes No If you checked No, list those NOT to be contacted and give reason.

Employer _____ Reason _____

Employer _____ Reason _____

DRIVERS

Do you have a valid Driver's License in the state? Yes No

If yes, License No.: _____

List any moving violations during the last five years under "COMMENTS"

COMMENTS

List any comments or qualifying statements you care to make.

I hereby certify that the facts set forth in the Application for employment are true and correct. I understand that, if employed false statements on this application shall be considered cause for dismissal. Unless otherwise indicated above, you are hereby authorized to contact my former employers for information concerning my employment, character, ability and experience.

I recognize that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed by the company, such employment will not result in a contract for employment and that the company may terminate my employment with or without notice and with or without cause, at any time. I further recognize if I am employed by the company, I will receive wages and benefits and be subject to rules and regulations to which I agree to conform; but I agree that such wages, benefits, rules and regulations are subject to change by the company at any time with or without notice to me. I further recognize that if employed by the company, I agree, in partial consideration for my employment, that I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six months after the termination of such employment and agree to waive any statute of limitations to the contrary. I further recognize that nothing in any documents published by the company shall in any way modify the terms and that these terms cannot be modified in any way by any oral or written representations made by anyone employed by the company, except by a written document signed by the president and vice-president and myself.

I have read and understand the above statements and conditions of employment.

(signature of applicant)