



EMPLOYMENT / JOB APPLICATION

Middle River Marine is an Equal Employment Opportunity Employer. We consider applications for all position without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN) ----- _____

POSITION APPLIED FOR: _____ **DESIRED SALARY** _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL/TEMPORARY

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES NO

*IF YES, WRITE THE START AND END DATES: _____

ARE YOU WILLING TO RELOCATE? Yes No

ARE YOU WILLING TO TRAVEL? Yes No Up to what percent _____

DO ANY FRIENDS OR FAMILY MEMBERS WORK FOR MIDDLE RIVER MARINE OR MMT? Yes No

IF YES, PLEASE INDICATE NAME(S): _____

HOW DID YOU FIND OUT ABOUT THIS POSITION? _____

EDUCATION

HIGH SCHOOL: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DIPLOMA:** _____

COLLEGE: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

GRADUATE? YES NO **DEGREE:** _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

OTHER: _____ **CITY / STATE:** _____

FROM: _____ **TO:** _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

PLEASE LIST EMPLOYERS FOR WHOM YOU HAVE WORKED IN THE PAST 5 YEARS BEGINNING WITH THE MOST RECENT. INCLUDE ANY RELATED MILITARY SERVICE AND VOLUNTEER ACTIVITIES. IF A GAP OF EMPLOYMENT OCCURRED DUE TO REASONS SUCH AS UNEMPLOYMENT, SCHOOL, ETC, PLEASE INDICATE THE REASON IN THE POSITION TITLE BOX ALONG WITH THE APPROPRIATE DATES AND ENTER "ZERO" FOR THE REMAINING REQUIRED FIELDS.

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ **PHONE:** _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

JOB TITLE: _____ **SUPERVISOR NAME** _____

RESPONSIBILITIES: _____

FROM: _____ **TO:** _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

JOB TITLE: _____ SUPERVISOR NAME _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

JOB TITLE: _____ SUPERVISOR NAME _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ **TITLE:** _____



E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE (Voluntary)

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

MILITARY BRANCH _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer is committed to excellence through diversity. In order to ensure this application is acceptable, please print or type. The application must be fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____