



EMPLOYMENT APPLICATION

PERSONAL

NAME _____		_____		_____		_____	
LAST		FIRST		FULL MIDDLE NAME		OTHER NAMES USED IN EMPLOYMENT AND EDUCATION	
CURRENT ADDRESS _____				_____		_____	
STREET NO.						APT. NO.	
CITY _____		COUNTY _____		STATE _____		ZIP _____	
PHONE: HOME (____) _____		BUSINESS (____) _____		OTHER (____) _____			
SOCIAL SECURITY NUMBER _____							
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? [] YES [] NO (Proof of employment authorization and identity will be required upon employment.)							
HAVE YOU EVER BEEN EMPLOYED BY OR MADE AN APPLICATION TO MSRC? [] YES [] NO							
IF YES, WHEN AND WHERE? _____							
ARE YOU 18 YEARS OF AGE OR OLDER? [] YES [] NO							
WHEN WAS YOUR MOST RECENT PHYSICAL EXAMINATION? _____							
WHEN WAS YOUR MOST RECENT DRUG TEST? _____							
DO YOU HAVE A CURRENT STCW CERTIFICATE? [] YES [] NO							
DO YOU HAVE A CURRENT MERCHANT MARINER'S DOCUMENT? [] YES [] NO							
USCG LICENSES AND RATINGS: (Specify type, tonnage, ocean or near coastal, and horse power)							
MASTER _____				CH. ENGR. _____			
MATE _____				ASST. ENGR. _____			
D.D.E. _____				A.B. SEAMAN _____			
DO YOU HAVE A Z-CARD? [] YES [] NO							
Q.M.E.D.? [] YES [] NO							
HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? [] YES [] NO							
IF YES, STATE THE REASON(S) AND DATE OF REVOCATION OR SUSPENSION: _____							

MSRC IS AN EQUAL OPPORTUNITY EMPLOYER. FEDERAL, STATE, AND LOCAL LAWS, AND COMPANY POLICY PROHIBIT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, VETERAN STATUS, PHYSICAL OR MENTAL DISABILITY, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW.

EMPLOYMENT HISTORY

(PLEASE PROVIDE A COMPLETE EMPLOYMENT HISTORY LISTING ALL POSITIONS HELD INCLUDING MILITARY, PART-TIME, RELEVANT SUMMER AND VOLUNTEER, USING ADDITIONAL SHEETS IF NECESSARY. LIST IN CHRONOLOGICAL ORDER STARTING WITH THE MOST RECENT OR PRESENT POSITION.)

NAME OF PRIOR EMPLOYER ADDRESS	DATES OF EMPLOYMENT (MONTH-YEAR) FROM TO	SALARY Final \$ _____ Beginning \$ _____
TELEPHONE (_____) _____	NAME AND TITLE OF SUPERVISOR	
JOB TITLE AND PRINCIPAL DUTIES		
REASONS FOR LEAVING		

NAME OF PRIOR EMPLOYER ADDRESS	DATES OF EMPLOYMENT (MONTH-YEAR) FROM TO	SALARY Final \$ _____ Beginning \$ _____
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TELEPHONE (_____) _____	NAME AND TITLE OF SUPERVISOR	
JOB TITLE AND PRINCIPAL DUTIES		
REASONS FOR LEAVING		

HAVE YOU EVER BEEN TERMINATED FROM EMPLOYMENT OR ASKED TO RESIGN IN LIEU OF TERMINATION? [] YES [] NO. IF YES, PLEASE EXPLAIN. _____ _____
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EDUCATION

NAME CITY/STATE	DID YOU GRADUATE?	DATE COMPLETED	MAJOR	MINOR	TYPE OF DEGREE
HIGH SCHOOL ----- ADDRESS		N/A			Check one: High School Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/>
COLLEGE ----- ADDRESS					Received Degree Yes _____ No _____ Type of Degree Received _____ # of Hours Earned _____
COLLEGE ----- ADDRESS					Received Degree Yes _____ No _____ Type of Degree Received _____ # of Hours Earned _____
POST-GRADUATE ----- ADDRESS					
TECHNICAL ----- ADDRESS					
OTHER ----- ADDRESS					
SPECIAL LICENSES, CERTIFICATES _____					
COMPUTER HARDWARE/SOFTWARE KNOWLEDGE _____					

BUSINESS REFERENCES

Please List Three References Who Have Supervised You in the Work Environment:

NAME CITY/STATE	COMPANY AND TITLE	DAYTIME PHONE NUMBER
1. -----		
2. -----		
3. -----		

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH MSRC?
[] YES [] NO IF YES, PLEASE EXPLAIN.

ARE YOU WILLING TO TRAVEL, IF NECESSARY, FOR THE PERFORMANCE OF YOUR JOB? _____
ARE YOU WILLING TO RELOCATE? _____
IF WILLING TO RELOCATE, ANY LIMITATIONS OR RESTRICTIONS? _____

LEADERSHIP

DESCRIBE POSITIONS OF LEADERSHIP HELD

CAREER ACCOMPLISHMENT

DESCRIBE YOUR SINGLE MOST SIGNIFICANT ACCOMPLISHMENT DURING EMPLOYMENT

SECURITY INFORMATION

DRIVER'S LICENSE NUMBER _____ STATE _____

HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO, A FELONY OFFENSE AT ANY TIME, OR A MISDEMEANOR WITHIN THE LAST 10 YEARS? _____ IF YES, PROVIDE DETAILS INCLUDING DATE(S), PLACE(S), NATURE OF OFFENSE(S), AND RESULT(S).

All Applicants: You may answer "no" if the records relating to your conviction have been expunged or sealed. California Applicants: Do not include information concerning a conviction for a marijuana-related offense that is more than two years old. Massachusetts Applicants: Do not include misdemeanor convictions that are more than five years old.

A criminal conviction will not necessarily disqualify an applicant from employment. All circumstances will be taken into consideration, including date of conviction, type of offense, rehabilitation, and relationship between conviction and position sought.

THE FOLLOWING SECTION CONTAINS IMPORTANT INFORMATION REGARDING YOUR LEGAL RIGHTS AND IMPORTANT CERTIFICATIONS AND RELEASES OF LIABILITY. PLEASE READ IT CAREFULLY BEFORE SIGNING.

I DECLARE THAT THE INFORMATION PROVIDED BY ME IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT ANY MISREPRESENTATION OR OMISSION MADE BY ME DURING THE APPLICATION PROCESS MAY PRECLUDE AN EMPLOYMENT OFFER, OR MAY RESULT IN WITHDRAWAL OF AN EMPLOYMENT OFFER, OR IF I AM HIRED, IN MY IMMEDIATE DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL INFORMATION PROVIDED BY ME IN THE APPLICATION PROCESS AND I HEREBY RELEASE FROM ALL LIABILITY OR DAMAGES THOSE INDIVIDUALS, CORPORATIONS OR ORGANIZATIONS WHICH PROVIDE SUCH INFORMATION. I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONTINGENT ON THE COMPLETION OF A SATISFACTORY BACKGROUND INVESTIGATION, VERIFICATION OF EMPLOYMENT AND A DRUG TEST. IN ADDITION TO THE PREVIOUS REQUIREMENTS, AFTER AN OFFER IS EXTENDED SUCCESSFUL COMPLETION OF A PHYSICAL EXAMINATION IS REQUIRED FOR DESIGNATED POSITIONS. I UNDERSTAND THAT, IF HIRED, I SHALL BE EMPLOYED "AT WILL" AND THAT NOTHING CONTAINED IN THE COMPANY'S EMPLOYMENT APPLICATION, PERSONNEL POLICIES OR OTHER WRITTEN DOCUMENTS, NOR ANY ORAL STATEMENTS MADE TO ME BY THE COMPANY'S REPRESENTATIVES IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT, OR AT ANY OTHER TIME, SHALL CONSTITUTE AN EXPRESS OR IMPLIED EMPLOYMENT CONTRACT. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE.

PLEASE SIGN AND DATE.

SIGNATURE _____

THIS APPLICATION WILL BE ACTIVE FOR 30 DAYS

DATE _____

An Equal Opportunity/Affirmative Action Employer

A copy of the form of this application is filed with the office of the Division of Labor Standards Enforcement, per CA Labor Code Section 431.

AUTHORIZATION TO CONDUCT BACKGROUND CHECK

& Consent to Procure Consumer Report

Notice of Intent to Procure Consumer Report (Background Check)

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 *et seq.*, this notice is to inform you that as part of our evaluation procedure for **employment**, promotion, **volunteer** or retention, we may obtain and review consumer report(s) and/or investigative consumer report(s) for employment purposes concerning you (Background Check).

These report(s) will be obtained through the following Consumer Reporting Agency: **Information Resources, 1731 Border Ave. Torrance CA 90501** Phone: (800) 548-0822.

Louisiana driving history records (DMV/MVR) will be obtained through ADR (American Driving Records).

You have the right to make a written request, within a reasonable period of time after receiving this notice, for additional disclosures as to the nature and scope of any consumer report(s) we obtain. You are also entitled to receive a copy of the Federal Trade Commission's publication, "A Summary of Your Rights Under the Fair Credit Reporting Act". You may have additional rights under state law.

Authorization to Conduct Background Check:

By signing below, I authorize Information Resources, to conduct an employment/volunteer-related background check on me and to provide the results to the organization. I understand this report may contain information as to my character, general reputation, personal characteristics, or mode of living, such as my work habits, work performance and experience, reasons for discipline or termination from any current or prior employment, history of earnings, credit worthiness, credit standing or credit capacity, criminal convictions, driving history, and other related matters that may concern my eligibility for the position or promotion I am seeking.

Information Resources will not provide any information where such disclosure is restricted by federal or state law.

By signing below, I authorize any present or past employer, supervisor or agent of the employer; high school, college, university or other institution of learning; local, state or federal court; department of motor vehicles, military branch or the national personnel records center; state sex offender registry, state licensing board, state workers' compensation agency, credit bureau, personal or professional reference; to release records or information to Information Resources concerning my name, criminal history, motor vehicle history, social security number, earnings history, credit file, address history, educational history, character, reputation, and employment (including documented reasons for termination or discipline) and release such from any and all liability for any damage that may result from the furnishing of this information. This authorization shall be valid in original, faxed or photocopied form.

Name: _____ **Date of Birth** _____

Signature: _____ **Date:** _____

I understand that if the employer requests a copy of my consumer report for employment purposes, I have the right under **California, Minnesota, and Oklahoma** law to receive a copy of that consumer report from the employer free of charge. I understand that by checking "yes" below, a copy will be provided to me at the address provided on the employment application.

I would like to receive a copy of my consumer report (background check) (CA, MN, OK, only) Yes No

