



Application for Employment

DURAMAX MARINE, LLC IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. IT IS THE PHILOSOPHY, INTENT, AND COMMITMENT OF DURAMAX MARINE, LLC TO ADHERE TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITIES FOR ALL APPLICANTS AND EMPLOYEES WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, VETERAN STATUS, PREGNANCY, MENTAL OR PHYSICAL DISABILITY OR ANY OTHER STATUS PROTECTED BY LAW.

When completing this application, do not leave any questions blank. Do not substitute “see resume” for any requested information—complete one application for every job which you are applying.

THIS APPLICATION WILL REMAIN ACTIVE FOR **THREE (3) MONTHS** UPON SIGNING.

Personal Data

Last Name	First	Middle	Date
Street Address		Home Number	
City, State, Zip		Mobile Number	
Are you 18 years or older?	Salary Desired	Currently Employed	
Are you currently on lay-off status and subject to recall?		When would you be able to begin work?	
Are you legally eligible for employment in the United States?		If necessary, are you available to work overtime?	
Are you available to work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
Have you been convicted of a felony or misdemeanor, whether sealed or unsealed, (other than minor traffic violations)? NOTE: A conviction will not necessarily be a bar to employment. Factors such as date, nature, and a number of offenses, age at the time of the offense, and rehabilitation will be considered. <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes explain:			
Are you related to anyone employed at Duramax Marine?		How did you learn of Duramax Marine?	

Employment History (List most recent employer first)

Company Name and Phone Number		Pay: Start: _____ Finish: _____
Address		Dates Employed (mm/yy) From: _____ To: _____
Job Title	Supervisor	Reason for leaving

Company Name and Phone Number		Pay: Start: _____ Finish: _____
Address		Dates Employed (mm/yy) From: _____ To: _____
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Company Name and Phone Number		Pay: Start: _____ Finish: _____
Address		Dates Employed (mm/yy) From: _____ To: _____
Job Title	Supervisor	Reason for leaving

Education

	High School	College/University	Graduate/Professional
School Name, Address and Phone Number			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Decree			
Course of Study			
Honors Received			

Degree of educational achievement is considered in the hiring process only to the extent that specific academic achievement is a requirement for performing the job.

Special Skills and Training

<p>Other than English, are you fluent in any language? Please list:</p>
<p>In which computer programs do you feel you have proficiency: Please list:</p>
<p>Do you have any other advanced training, continuing education, or special study experience that you think would be helpful in the position for which you are applying? Please list:</p>

References

Name	Relationship	Years Known	Phone & Email

May we contact your current employer?

APPLICANT'S AGREEMENT

I understand, if the Company employs me, my employment and compensation are entirely "at will," which means neither are guaranteed for any definite period of time, and either can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either the Company or myself. I understand the Company reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment at its discretion at any time with or without notice. I understand no other individual oral agreements of any kind pertaining to the terms of my employment and/or my compensation exist between the Company and myself.

I also understand that no representative of the Company, other than the President, the Chairman of the Board, or the Board of Directors as a whole, has any authority to enter into any other agreement or with me personally or provide me with any assurances relating to any aspect of my employment with the Company, except the officials mentioned above of the Company may do so in writing.

I authorize the Company to investigate my background, qualifications, and/or any other information on me as it deems appropriate. I also authorize anyone the Company contacts as part of its investigation to release any information they have regarding me or my employment to the Company or its representatives. Further, I authorize the Company to release the results of any background checks conducted on me and any other information related to me or my employment as it deems appropriate. I also release all parties, including the Company and its representatives, from all liability for any damage that may result from either releasing or furnishing any such information. I understand I may have to indemnify all parties from any loss or expenses incurred, including, but not limited to, all of their attorney's fees and administrative costs deemed necessary and reasonable by the other party if I fail to release all parties from liability.

I further understand that I will take any lawful medical examination, chemical, drug, or alcohol test upon request by the Company at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by the Company. I understand my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. Further, I authorize the Company to release the results of these tests to whomever it deems appropriate where allowed by law. I hereby release all parties from all liability for any damage that may result from conducting, releasing, or furnishing information regarding these examinations or tests.

I also certify the facts contained in this Application are true and complete to the best of my knowledge and understand if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I further certify that I have read all of the foregoing, understand the same, and do hereby voluntarily agree to all of the provisions contained herein."

APPLICANT'S SIGNATURE

Date

DURAMAX MARINE, LLC

Equal Employment Opportunity Data Sheet

Duramax Marine is an Equal Employment Opportunity employer. It is the philosophy, intent, and commitment of Duramax Marine to adhere to a policy of equal employment opportunities for all applicants and employees without regard to race, color, religion, sex, age, national origin, veteran status or mental or physical disability or any other status protected by law.

To help us comply with federal/state equal opportunity record keeping, reporting, and other legal requirements, please answer all questions as they apply below. This data is used only for periodic government reporting and will be kept in a confidential file separate from employment applications and individual personnel records.

Last **First** **MI** **Social Security Number** **Date**

Sex: M F **Birth Date** ____/____/____

Position Sought

Yes No **Is Your Ethnic Origin Hispanic or Latino** (All persons of Cuban, Mexican, Puerto Rican South or Central American, or other Spanish culture or origin regardless of race.)
____ ____

Check one of the following (Race/Ethnic Group):

<input type="checkbox"/>	Two or more Races (All persons who identify with more than one of the races listed below.)
<input type="checkbox"/>	White (Not Hispanic or Latino) (All persons having origins in any of the original peoples of Europe, North Africa or the Middle East)
<input type="checkbox"/>	Black or African American (Not Hispanic or Latino) (All persons having origins in any of the Black racial groups of Africa)
<input type="checkbox"/>	Asian (Not Hispanic or Latino) (All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
<input type="checkbox"/>	Native Hawaiian or Pacific Islander (Not Hispanic or Latino) (All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
<input type="checkbox"/>	American Indian or Alaskan Native (Not Hispanic or Latino) (All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.)

Check if any of the following are applicable:

<input type="checkbox"/>	Vietnam-Era Veteran (A person who served on active duty for at least 180 days, part of which was between August 5, 1964, and May 7, 1975).
<input type="checkbox"/>	Disabled Veteran (A person entitled to disability compensation through the Veteran's Administration for a disability rated at 30% or more; or a person discharged or released from active duty for a disability incurred or aggravated in the line of duty).
<input type="checkbox"/>	Disabled (Physical or mental disability which substantially limits one or more major life activities).

Referral Source: Advertisement _____ Employee (Name) _____
 School _____ Walk-In _____ Agency _____

Signature of Applicant _____ Date: _____