



APPLICATION FOR EMPLOYMENT

APPLYING FOR: FRASER SHIPYARDS LAKE ASSAULT BOATS NORTHERN ENGINEERING

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE

NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	SECONDARY PHONE NUMBER		
PERMANENT ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS	REFERRED BY		

EMPLOYMENT DESIRED

POSITION WELDER FITTER / BURNER OTHER	FABRICATOR LABORER	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO	IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO	
EVER WORKED FOR THIS COMPANY BEFORE? YES NO	WHERE	WHEN	
REASON FOR LEAVING MOST RECENT JOB	NAME OF LAST SUPERVISOR AT THIS COMPANY		
HOW DID YOU FIND OUT ABOUT THIS POSITION? EMPLOYMENT AGENCY COLLEGE PLACEMENT SERVICE WEBSITE (PLEASE SPECIFY)	STATE EMPLOYMENT OFFICE NEWSPAPER ADVERTISING	ONLINE AD OTHER (PLEASE SPECIFY)	FRIEND WALK-IN

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			YES NO	
COLLEGE			YES NO	
TRADE, BUSINESS OR ONLINE SCHOOL			YES NO	

GENERAL INFORMATION

SPECIAL TRAINING, CERTIFICATES, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? YES NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

FORMER EMPLOYERS LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? YES NO	
NAME OF SUPERVISOR	TITLE	PHONE	E-MAIL
DESCRIPTION OF WORK			
REASON FOR LEAVING			



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FORMER EMPLOYERS *(continued)*

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? YES NO		
NAME OF SUPERVISOR	TITLE	PHONE	E-MAIL	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? YES NO		
NAME OF SUPERVISOR	TITLE	PHONE	E-MAIL	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES

NAME	ADDRESS	BUSINESS	PHONE
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AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

PLEASE TYPE YOUR NAME IN THE BOX ABOVE

DATE