



APPLICATION FOR EMPLOYMENT

Website: <http://www.atlasdocks.com>

Note: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

The Company is an **Equal Opportunity** Employer. All candidates will be evaluated on the basis of their qualifications for the job in question. We consider applicants for all positions without regard to race, color, sex, religion, age, national origin, disability, veteran status or any other protected status. Please advise us if any accommodations are required to assist you in the application process.

(PLEASE PRINT) Date of Application _____

Name _____
Last First Middle

Permanent Address _____
Street City State Zip Code

Current Address _____
Street City State Zip Code

Telephone: Home (____) _____ Cellular/Business (____) _____

E-Mail: _____

POSITIONS

DESIRED: 1) _____ 2) _____ 3) _____

Full-Time/Part-Time/Seasonal/Other (Circle One) Salary/Compensation Desired \$ _____

Please list dates available for employment START date: ____/____/____ To END date: ____/____/____

Referral Source:

Internet _____ Walk-In Applicant Employee Referral/Name: _____
 Newspaper Ad School/College Other _____

Have you ever applied for a position with us? Yes No If "Yes," when? _____

Have you ever been employed by us? Yes No If "Yes," when? _____

Do you have any relatives or close friends working here? Yes No If "Yes," state name and relationship _____/_____

Are you applying with a spouse or friend? Yes No If "Yes," state name and relationship _____/_____

Are you currently employed? Yes No

Are you willing to accept any position available? Yes No

Briefly explain why you would like to work for Atlas Docks: _____

EDUCATIONAL DATA

<i>School</i>	<i>Print Name and Complete Address for each School Listing</i>	<i>No. of Yrs Completed</i>	<i>Degree</i>	<i>Major Course of Study</i>
High School				
College				
Graduate School				
Trade, Business, Night, etc.				
Other				

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT

(In responding to these inquires, continue on a separate sheet if you require additional space.)

1. Have you ever been convicted of a misdemeanor or felony? (In answering this question, exclude only non-moving traffic violations) Yes No An affirmative response will not automatically disqualify you from being considered as a candidate for employment. If "YES," please explain.

2. If employment is offered, can you provide documentation to verify your identity and right to work in the United States? Yes No

3. Certain positions have a minimum age requirement. Are you age 21 or older? Yes No

4. If you are younger than age 21, what is your age? _____

5. If you are applying for a position involving overtime, evening or weekend work, can you fulfill such scheduling requirements? Yes No Not Applicable

6. May we contact your present employer? Yes No Previous Employers? Yes No
 Please identify any exceptions and reasons for not contacting. _____

7. In order to permit a check of your work and education records, should we be made aware of any change of name or assumed names that you previously used? Yes No If "Yes," identify name(s) and dates.

8. Have you ever been dismissed or forced to resign from any employment? Yes No If "Yes," please explain.

MILITARY HISTORY

Have you ever served in the U.S. Armed Forces? Yes No Dates Served _____

Describe any special job-related training received _____

EMPLOYMENT HISTORY

In the following spaces give a **complete record of your employment including periods of unemployment**, if any. Begin with your most recent employment. Indicating "See Resume" is not acceptable. Please complete all boxes for each employer. If additional space is needed, attach a supplemental sheet.

1. Employer:		
Street Address:		
City:	State:	Zip:
Phone:		
Position:	Part or Full Time	
Supervisor's Name/Title:		
Employed From: _____(Mo/Yr)	To: _____(Mo/Yr)	
Starting Salary:	Final Salary:	
Specific Job Duties:		
Reason for Leaving:		

2. Employer:		
Street Address:		
City:	State:	Zip:
Phone:		
Position:	Part or Full Time	
Supervisor's Name/Title:		
Employed From: _____(Mo/Yr)	To: _____(Mo/Yr)	
Starting Salary:	Final Salary:	
Specific Job Duties:		
Reason for Leaving:		

3. Employer:		
Street Address:		
City:	State:	Zip:
Phone:		
Position:	Part or Full Time	
Supervisor's Name/Title:		
Employed From: _____(Mo/Yr)	To: _____(Mo/Yr)	
Starting Salary:	Final Salary:	
Specific Job Duties:		
Reason for Leaving:		

4. Employer:		
Street Address:		
City:	State:	Zip:
Phone:		
Position:	Part or Full Time	
Supervisor's Name/Title:		
Employed From: _____(Mo/Yr)	To: _____(Mo/Yr)	
Starting Salary:	Final Salary:	
Specific Job Duties:		
Reason for Leaving:		

5. Employer:		
Street Address:		
City:	State:	Zip:
Phone:		
Position:	Part or Full Time	
Supervisor's Name/Title:		
Employed From: _____(Mo/Yr)	To: _____(Mo/Yr)	
Starting Salary:	Final Salary:	
Specific Job Duties:		
Reason for Leaving:		

6. Employer:		
Street Address:		
City:	State:	Zip:
Phone:		
Position:	Part or Full Time	
Supervisor's Name/Title:		
Employed From: _____(Mo/Yr)	To: _____(Mo/Yr)	
Starting Salary:	Final Salary:	
Specific Job Duties:		
Reason for Leaving:		

EXPERIENCE SUMMARY

Please check all items below that you have had experience with, as well as the total number of months you have had for each.

<input type="checkbox"/> Front Desk	____ Months	<input type="checkbox"/> Supervisory/Management	____ Months	<input type="checkbox"/> Metal Cutting	____ Months
<input type="checkbox"/> Typing	____ WPM	<input type="checkbox"/> Boat Operation	____ Months	<input type="checkbox"/> Metal Drilling	____ Months
<input type="checkbox"/> Office	____ Months	<input type="checkbox"/> Painting	____ Months	<input type="checkbox"/> Design	____ Months
<input type="checkbox"/> Accounting	____ Months	<input type="checkbox"/> Construction	____ Months	<input type="checkbox"/> Auto CAD	____ Months
<input type="checkbox"/> Sales	____ Months	<input type="checkbox"/> Plumbing	____ Months	<input type="checkbox"/> Drafting	____ Months
<input type="checkbox"/> Computers	____ Months	<input type="checkbox"/> ARC Welding	____ Months	<input type="checkbox"/> Engine Mechanic	____ Months
List Programs:	_____	<input type="checkbox"/> MIG Welding	____ Months	<input type="checkbox"/> Forklift/Bobcat	____ Months
_____		<input type="checkbox"/> TIG Welding	____ Months	<input type="checkbox"/> Hauling	____ Months

OTHER SPECIAL SKILLS

Describe any other special job related skills or qualifications that would support your application.

Special Interests: _____

PROFESSIONAL REFERENCES

1. Name: _____	Relationship: _____	# Years Known: _____
Phone: (_____) _____	Email address: _____	
2. Name: _____	Relationship: _____	# Years Known: _____
Phone: (_____) _____	Email address: _____	
3. Name: _____	Relationship: _____	# Years Known: _____
Phone: (_____) _____	Email address: _____	

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information, regardless of contact.

After a conditional job offer, but before starting work, I understand that I may be subject to a medical examination, similar to other employees in the same job category. I understand that after employment begins, the Company may make disability-related inquiries and require medical examinations if they are job-related and consistent with business necessity.

The Company has a drug-free workplace policy. I understand that I may be subject to occasional testing while employed. In the case of a positive test result or other violation of the policy, an employee (or applicant) shall be subject to termination of employment or refusal to hire. The policy provides complete information about the drug-free workplace and may be obtained by contacting the Company.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the Company and understand that my employment is "at will" and can be terminated with or without cause or notice, at any time, at the option of either the Company or me. I understand and agree that this application does not create any contractual rights in favor of me, including contractual rights to employment or in the terms and conditions of employment. I further understand that no manager or representative of the Company, other than the Chief Executive Officer (CEO), has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to any Company policy. I further understand that any such agreement, if made, shall not be enforced unless it is in writing and signed by me and by the CEO.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and right to work in the United States. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

Signature of Applicant

Date

**You must be of legal age according to state and federal law to work here*

EMPLOYMENT RECORD (For Office Use Only)

Date Received:	Date Responded:	Notes:
Employment Date/Rate:	Position/Title/Dept.:	