Project

O*ceanology*

**APPLICATION FOR EMPLOYMENT**

*Equal Opportunity Employer*

It is the policy of Project Oceanology to provide equal opportunity without regard to race, color, sex, religion, creed, national origin, ancestry, age, marital status, sexual orientation, political affiliation or because the employee is a veteran or a qualified individual with a disability. All questions must be answered and application signed.

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| --- | --- |
| Last Name First Middle | Date |
| Street Address  E-Mail Address | Home Phone    Cell Phone |
| City, State, Zip | Business Phone |
| Have you ever worked for Project Oceanology?  \_\_\_\_\_ Yes \_\_\_\_\_ No  If Yes, indicate your dates of employment and your reasons for leaving employment: | How did you hear about this position? |
| Position Desired |  |
| Can you furnish proof of your right to work in the U.S.A.  \_\_\_\_Yes No | Driver’s License Number: |
| When will you be available to begin work? |  |
| When is the best time to reach you? | May we contact you at work? |

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| Are you under 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No  If “yes”, state your date of birth - mo. \_\_\_\_\_ day \_\_\_\_\_ yr. \_\_\_\_\_  Can you furnish a Statement of Age/Working Paper as appropriate? \_\_\_\_\_ Yes \_\_\_\_\_ No |
| If hired, is there anything that would prevent you from reporting to work each day on time to perform your job duties? |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Hours Available | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
| From |  |  |  |  |  |  |  |
| To |  |  |  |  |  |  |  |

Total Hours Available per Week: \_\_\_\_\_

Would you work: \_\_\_Full-Time \_\_\_Part-Time \_\_\_Seasonal \_\_\_Temporary

Are you willing to work overtime, when and as required? \_\_\_Yes \_\_\_No

Are you willing to relocate? \_\_\_Yes \_\_\_No

Are you willing/able to Travel? \_\_\_Yes \_\_\_No

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| **Special Training**  \_\_\_ First Aid Training \_\_\_ American Red Cross \_\_\_ Connecticut Safe Boating Certificate  \_\_\_ American Heart Association    \_\_\_ Cardiopulmonary Resuscitation \_\_\_ American Red Cross  \_\_\_ American Heart Association    \_\_\_ Coast Guard License \_\_\_\_ Tonnage  \_\_\_ Lifeguard Certification |
| Please list any additional skills and qualifications you possess for the position which you are applying (College students: related coursework is applicable): |

**Educational Background**

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| --- | --- | --- | --- | --- | --- | --- |
| School | Name and location of School | Grade Point Average or Class Rank | Course of Study | Number of  Years Completed | Did You Graduate | Degree or Diploma |
| High  School |  |  |  |  | Yes\_\_\_  No \_\_\_ |  |
| College |  |  |  |  | Yes\_\_\_  No \_\_\_ |  |
| Other  Education |  |  |  |  | Yes\_\_\_  No \_\_\_ |  |

Are you going to school now? \_\_\_Yes \_\_\_No Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Day Classes \_\_\_Night Classes

**Employment History**

Project Oceanology reserves the right to contact prior and current employers. Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employer. Include military experience if applicable. **Do not indicate, “see resume.”**

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| 1.Company Name and Mailing Address | Phone |
| Job Title and Name of Supervisor  May we contact the supervisor? | Employed (Month and Year)  From To |
| Reason for Leaving | |

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| --- | --- |
| 2.Company Name and Mailing Address | Phone |
| Job Title and Name of Supervisor  May we contact the supervisor? | Employed (Month and Year)  From To |
| Reason for Leaving |  |

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| 3.Company Name and Mailing Address | Phone |
| Job Title and Name of Supervisor  May we contact the supervisor? | Employed (Month and Year)  From To |
| Reason for Leaving |  |

**References**

List the name, address and best contact number of three professional references who are not related to you. If applicable, list three school or personal references who are not related to you.

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| **DISCLOSURE AND ACKNOWLEDGMENT REGARDING**  **DRIVING HISTORY**    I certify by my signature below that I understand if I am offered and accept employment, my employer may periodically check my driving record.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name |
| **DISCLOSURE AND ACKNOWLEDGMENT OF INTENT TO CONDUCT DRUG TEST**  If applicants are offered and accept employment, Project Oceanology will conduct a urinalysis drug test as part of the application process prior to the start of employment. This notice is given and the urinalysis drug test will be conducted in accordance with Connecticut General Statutes §§ 31- 51u et seq.  I certify by my signature below that I have read and reviewed the “Disclosure of Intent to Conduct Drug Test,” and I understand that I may be required to submit to a drug test as part of the application process.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name |

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| **CERTIFICATION**  I certify that the information given herein is true and complete to the best of my knowledge.  I authorize you to make such investigations and inquiries of the information provided herein, and other matters that relate hereto, as may be necessary. I hereby release employers, schools and other persons, institutions and businesses from all liability in responding to inquiries in connection with my application. I understand that if I am offered and accept a position, I will be required to submit to a criminal background check prior to employment. I understand that false or misleading information given in my application or during my interviews may result in a refusal to hire, or discharge in the event of employment. I understand and agree that, if hired, my employment is at will. I also understand that if I am hired my employment is for no definite period of time. I may terminate my employment at any time and I may be dismissed at any time without prior notice. I further understand and agree that nothing in this application form shall constitute a contract of employment or shall constitute a contract or a guarantee of employment.  I also understand that any policies or procedures implemented by Project Oceanology are for purposes of operations only and are not intended to be nor constitute a contract for my employment. In addition, I understand that any of these policies or procedures may be changed at any time at the employer's discretion and without notice.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_  Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name |

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| **PROCESSING RECORD** |
| Notes:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position Offered:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Accepted: Q Refused: Q Confirmation Letter Sent: |

Rev. 1.19