



INTEGRATED MARINE SERVICES, INC.

EMPLOYMENT APPLICATION

APPLICANT DATA

DATE: _____

REFERRAL (circle one): Online Walk-in POSITION APPLIED FOR: _____

Name:

Last: _____ First: _____ Middle: _____

Address:

Street: _____ City: _____ State: _____

Phone:

Social Security #

Home: _____ Cell/other: _____ _____

E-Mail:

Date of birth:

Place of birth:

Are you a United States Citizen: Yes No

If not, are you legally allowed to work in the United States: Yes No

Have you ever worked in this company: Yes No

Have you ever pleaded "guilty", "no contest" or been convicted of a crime: Yes No

If yes, give dates and details:

Answering "yes" to these questions does not constitute an automatic rejection for employment.

Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: _____

EDUCATION

HIGH SCHOOL

Name: _____

Address: _____

Number of years attended: _____

Did you graduate? Yes No Degree type: _____

GPA: _____

COLLEGE/UNIVERSITY

Name: _____

Address: _____

Number of years attended: _____

Major: _____

Did you graduate? Yes No Degree type: _____

GPA: _____

OTHER

Name: _____

Address: _____

Number of years attended: _____

Major: _____

Did you graduate? Yes No Degree type: _____

GPA: _____

CERTIFICATIONS

Name: _____

Certified by: _____

Expiration date (if applicable): _____

Name: _____

Certified by: _____

Expiration date (if applicable): _____

REFERENCES

Please furnish the names, addresses, and telephone numbers of two people to whom are not related to you and by whom you have not been employed.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

EMPLOYMENT HISTORY (Begin with most recent position):

1.

Dates of employment: From: _____ To: _____

Name of employer: _____ Position(s) held: _____

Address: _____
Street: _____ City: _____ State: _____

Name of Supervisor(s): _____

Responsibilities include: _____

Starting salary: _____ Ending salary: _____

Reason for leaving: _____

May we contact this employer for reference: Yes No

2.

Dates of employment: From: _____ To: _____

Name of employer:

Position(s) held:

Address:

Street: _____ City: _____ State: _____

Name of Supervisor(s):

Responsibilities include:

Starting salary: _____

Ending salary: _____

Reason for leaving:

May we contact this employer for reference: Yes No

3.

Dates of employment: From: _____ To: _____

Name of employer:

Position(s) held:

Address:

Street: _____ City: _____ State: _____

Name of Supervisor(s):

Responsibilities include:

Starting salary: _____

Ending salary: _____

Reason for leaving:

May we contact this employer for reference: Yes No

4.

Dates of employment: From: _____ To: _____

Name of employer:

Position(s) held:

Address:

Street: _____ City: _____ State: _____

Name of Supervisor(s):

Responsibilities include:

Starting salary: _____

Ending salary: _____

Reason for leaving:

May we contact this employer for reference: Yes No

I certify that my answers are true and complete to best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, and financial matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interviews(s) may result in discharge.

Signature of applicant: _____

Date: _____

Upon completing this application, please mail it back to the following address:

Integrated Marine Services, Inc.

2320 Main Street

Chula Vista, CA 91911

Or you can email it as an attachment to: imslsamano@sbcglobal.net