



## Application for Employment

(Please print clearly)

Walstrom Marine is an equal opportunity employer and does not discriminate against otherwise qualified individuals on the basis of age, gender, race, religion, color, national origin, disability, marital status, height and weight, or any other legally protected status.

If because of a disability you need accommodation to perform the essential functions of your job, you must notify your supervisor within 182 days after the date you know or reasonably should have known that an accommodation was needed. The company will make reasonable efforts to accommodate.

You must complete the entire application and sign below the Authorization and Understanding section at the end of the application to be considered for employment, even if you have submitted a resume. If there is not enough space to this form to answer a question fully, please attach additional pages.

### GENERAL INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last* *First* *Middle.*

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Full Time Part Time

Available Starting Date : \_\_\_\_\_ Expected Starting Salary: \$ \_\_\_\_\_

How were you referred to Walstrom Marine? \_\_\_\_\_

	YES	NO		YES	NO
Are you at least 18 years of age or older?			If no, do you have proof of eligibility to work?		

	YES	NO	
Are you on a lay-off and subject to recall?			

	YES	NO	
Have you ever worked for this company?			If yes, when? _____

	YES	NO	
Are any of your friends or relatives currently employed at Walstrom Marine (any location)?			If so, please specify: _____

	YES	NO		YES	NO
Have you ever been convicted of a crime, excluding routine traffic offenses?			Are there any felony charges currently pending against you?		

If yes, explain: \_\_\_\_\_

Can you perform, with or without accommodation, all of the essential duties of the job for which you are applying? Do not answer this question if you do not know what the essential duties are for the position to which you have applied. YES NO

## EDUCATION

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

Technical School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Certificate: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Are you attending school now or do you plan on furthering your education? YES NO  
If so, please specify the course and time commitment: \_\_\_\_\_

Do you hold any relevant professional licenses or certifications? YES NO  
If yes, please list and describe: \_\_\_\_\_

Have you ever had a professional license/certification revoked or suspended? YES NO  
If yes, please list and explain: \_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize any relevant special skills and qualification acquired from previous employment or other experience:

\_\_\_\_\_

Office machines you can operate: \_\_\_\_\_

Other equipment, machinery, etc: \_\_\_\_\_

What experience, skills, or additional qualifications do you feel would especially qualify you for work with our organization?

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

*Please provide contact information for three persons not related to you, whom you have known at least one year:*

Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

Include any additional information you would like to provide with your application here:

\_\_\_\_\_

## DRIVING HISTORY

Do you have a valid driver's license? YES NO If yes, license # \_\_\_\_\_

State \_\_\_\_\_ Expiration date: \_\_\_\_\_

Have you ever been refused automobile insurance? YES NO

Do you currently own or lease an automobile? YES NO

*Please take the time to review your application for completeness and accuracy.*

**AUTHORIZATION AND UNDERSTANDING**

I represent the answers and information given by me in this application to be true and complete. I authorize the Company to verify the information I have provided and to make any investigation of my background deemed necessary through the services provided by Verified First (contact by calling 888-670-9564). I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, educational institutions, etc) contacted by the Company to furnish any information relevant to my application for employment, excluding health and medical history or other information prohibited by law, and further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information. I acknowledge that any false, inaccurate, or misleading information may result in refusal to hire or dismissal once facts become known.

The application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I have no objection to signing an employee agreement on confidential information. I consent to all legally permissible medical examinations and drug and alcohol testing required by the Company.

I understand and agree that employment with the Company is at-will and that either I or the Company can terminate any employment and compensation, for any reason, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to the contrary and that any pre-existing understandings which contradict an at-will status of employment are canceled. Further, I understand that only the President of the Company has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing, and that any such agreement must expressly state such purpose and must be in writing and signed by the President of the Company.

In consideration of my employment, I agree to conform to the rules and policies of the Company. Also, I agree not to begin any action or suit relating directly or indirectly to employment with the Company or the termination of such employment more than one (1) year after the date of termination of such employment and I waive any statute of limitations to the contrary. If this provision is held invalid or unenforceable, I agree that such time period will be deemed increased to the minimum extent necessary to make such provision valid and enforceable.

ARBITRATION: I understand and agree that with the sole exception of claims by the Employer for equitable and injunctive relief under its noncompete, nonsolicitation agreement, and controversy or dispute relating to or arising from the employment relationship between the Company and me, including without limitation any claims relating to compensation, discharge, or claims of discrimination, shall be submitted to final and binding arbitration before the American Arbitration Association (“AAA”)in the metropolitan Detroit area pursuant to the AAA’s National Rules for the Resolution of Employment Disputes then in effect and the following procedures. A single arbitrator shall preside over the arbitration. The parties shall be entitled to reasonable discovery. The arbitrator shall have jurisdiction to determine any claim, including the arbitrability of any claims, submitted to him. The arbitrator’s decision shall be in writing and contain findings of fact and conclusions of law. The arbitrator may grant any relief authorized by law for any properly established claim. The decision of the arbitrator shall be final and binding, subject to judicial review in accordance with the standards for review of arbitration expenses and attorneys fees unless the arbitrator orders otherwise pursuant to such relief authorized by law. Judgment upon the award rendered by the arbitrator may be rendered in federal district court for the Western District of Michigan of the Emmet County Circuit Court, either of which the parties agree has personal jurisdiction.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_