TERRAL
RIVERSERVICE, INC.

APPLICATION FOR EMPLOYMENT

Date: _____

Terral RiverService is an Equal Opportunity Employer. All applications are considered for employment without regard to race, color, sex, age, handicap, religion, national origin or military veteran status.

Applicants with disabilities who desire accommodation in completing the pre-employment questionnnaire are invited to discuss their needs with the Office Manager.

Please fill in all spaces. If an item does not apply, write "none." This application will be considered current for thirty days from this date. After that time, the application must be renewed to be considered.

Please print in ink clearly. You must complete your own application.

Name _____ Social Security No. |___|___|___■___|___■___|___|___|___|
LAST FIRST MIDDLE

Address _____ _____
NUMBER AND STREET APT. CITY STATE ZIP CODE TELEPHONE

How were you referred for employment? _____

Have you ever worked for this Company before? ☐ Yes ☐ No If so, when? _____

Have you applied for work with this Company before? ☐ Yes ☐ No If so, when? _____

Position applying for: _____

Wage or salary desired: $ _____ Date available for work: _____

Are there any aspects of the job for which you are applying you are unable to accomplish? ☐ Yes ☐ No If so, what are they? _____

_____

Type of employment desired: ☐ Full-time ☐ Part-time Will you work ☐ overtime ☐ evenings ☐ weekends?

If part-time, please state the number of hours and what days you wish to work. _____

Is there any time of the day or any day of the week you are unable to work? ☐ Yes ☐ No If yes, please specify: _____

_____

Are you presently employed? ☐ Yes ☐ No Why do you wish to change jobs? _____

Do you have the legal right to work in the United States? ☐ Yes ☐ No Are you over 18 years of age? ☐ Yes ☐ No
(If hired, proof of status will be required.)

Do you intend to work anywhere else in addition to working at this Company? ☐ Yes ☐ No If so, where? _____

_____

Are you qualified to perform Cardiopulmonary Resuscitation (CPR)? ☐ Yes ☐ No

EMPLOYMENT HISTORY: Please list all positions for the past 10 years, giving present or last position first. Use additional pages if necessary.

1.	Dates Worked: From To	Wage or Salary: Starting Final	
Employer's Name		Supervisor's Name	
Employer's Street Address		Supervisor's Title	Supervisor's Telephone No. ( )
City State Zip		Reason for Leaving	
Your Job Title and Duties			

2.	Dates Worked: From To	Wage or Salary: Starting Final	
Employer's Name		Supervisor's Name	
Employer's Street Address		Supervisor's Title	Supervisor's Telephone No. ( )
City State Zip		Reason for Leaving	
Your Job Title and Duties			

3.	Dates Worked: From To	Wage or Salary: Starting Final	
Employer's Name		Supervisor's Name	
Employer's Street Address		Supervisor's Title	Supervisor's Telephone No. ( )
City State Zip		Reason for Leaving	
Your Job Title and Duties			

4.	Dates Worked: From To	Wage or Salary: Starting Final	
Employer's Name		Supervisor's Name	
Employer's Street Address		Supervisor's Title	Supervisor's Telephone No. ( )
City State Zip		Reason for Leaving	
Your Job Title and Duties			

5.	Dates Worked: From To	Wage or Salary: Starting Final	
Employer's Name		Supervisor's Name	
Employer's Street Address		Supervisor's Title	Supervisor's Telephone No. ( )
City State Zip		Reason for Leaving	
Your Job Title and Duties			

May we contact the employers listed above? ☐ Yes ☐ No If not, indicate by number which one(s) we may not contact and state why: _____

_____

Please account for all periods of unemployment longer than three (3) months: _____

_____

Have you ever been convicted of a crime by a civillian or military court (other than a minor traffic violation)? ☐ Yes ☐ No

If so, give details: _____

_____

(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

Were you in the U.S. Armed Forces? ☐ Yes ☐ No If so, what Branch? _____

Dates of duty: From _____ (MO. DAY YR.) To _____ (MO. DAY YR.) List duties in the service including special training:

_____

_____

PLEASE COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A CLERICAL POSITION ONLY.

CHECK SKILLS & TRAINING ACQUIRED

☐ Typing: _____ WPM ☐ Shorthand Dictation: _____ WPM ☐ Dictaphone

☐ CRT/Data Entry: _____ WPM ☐ Switchboard: Type _____ ☐ Filing

☐ Word Processing: Programs _____

☐ Personal Computer (list types and programs) _____

☐ Calculator by touch ☐ Bookkeeping ☐ Accounting ☐ Statistics ☐ Photocopier ☐ Fax

What other business machines can you operate: _____

If you are applying for a tugboat captain position, what types of licenses do you hold? _____

_____

EDUCATION:	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	GRADUATED?	DEGREE AND DATE LAST ATTENDED
High School			1 2 3 4	☐ Yes ☐ No	/ /
College			1 2 3 4	☐ Yes ☐ No	/ /
Other			1 2 3 4	☐ Yes ☐ No	/ /

List any additional work experience, skills, information, licenses, certifications, special study or research work relating to position applied for or of general interest:

_____

_____

Is any additional information necessary to enable a check of your records such as a change of name, use of an assumed name or nickname? If yes, please explain:

_____

_____

PLEASE LIST ANY RELATIVES OR FRIENDS EMPLOYED BY THIS COMPANY:

	Name	Relationship	Where Employed
1.			
2.			
3.			

PERSONAL REFERENCES:

Please list three business people, professionals, or other persons who are not relatives, former employers, or employees of this Company.

	Name	How long known	Occupation	Telephone
1.				( )
Complete Address				
2.				( )
Complete Address				
3.				( )
Complete Address				

IMPORTANT: READ CAREFULLY

I certify that my answers to the foregoing questions are true and correct and understand that any false or misleading information or omission on the application shall be sufficient cause for rejection or immediate dismissal. I authorize release of any information regarding any criminal convictions that may exist against me, and ask my former employer(s) and all other persons named herein who might have information concerning me, to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record, and hereby release each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

In making this application for employment, it is understood and accepted that as part of the application and employment process, and or during employment with the Company, I may be asked to submit to physical examinations which may include testing for alcohol and drugs, and/or be fingerprinted, all in accordance with law. By signing this application, I hereby agree to submit to such examinations, tests, and fingerprinting and release all persons and companies from any liability arising out of such examinations, tests and fingerprintings.

I understand that the use of this form does not indicate that there are positions available and does not in any way obligate the Company. If employed, I agree to abide by and observe all Company rules and regulations. I further understand that any employment is terminable by either party at will with or without notice or cause. No person other than the President of the Company may modify or amend the provisions stated herein.

DATE

SIGNATURE

CONFIDENTIAL

INTERVIEW SUMMARY FORM

NAME OF APPLICANT: _____

POSITION APPLIED FOR: _____

INTERVIEW: DATE _____ HOUR _____ BY _____

APPLICANT RATING	EXCELLENT	GOOD	FAIR	POOR
Attitude				
Personal Appearance				
Personality				
Interest				
Overall Rating				

REMARKS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

ACCEPTED FOR EMPLOYMENT?

No ☐ Yes ☐

Starting Rate _____ Starting Date _____ Shift _____

Department _____ Supervisor _____

Hired by: _____ Approved by: _____