APPLICATION FOR EMPLOYMENT

Admiralty Environmental is an Equal Opportunity Employer

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national original, disability, marital status, gender, or age.

Position Applied for			Date			
Full Legal Name				Social Security	No.	
	First	Middle	Last			
Address						
Street			City	State	Zip	
Phone			Email a	nddress		
Home		Cell				
How did you lear	n about ou	r company	(specify me	edia source)?		
			(P			
EDUCATION						
Highest grade lev	al complet	ad (1 - 12)				
Ingliest grade lev	er complet	tu (1 - 12)				
If you did not con	nplete high	school, do	you have a	high school equiv	alency diploma?	
Number of years	of post hig	h school ed	ucation			
Name of Institution	Location	Degree Reco	ived	Major/Minor	Dates Attended	
			ım in the near	r future, please indica	te what type of degree or	
program and expecte	a completion	i date				
REFERENCES	S					
		nships of thre	e persons not	related to you who k	now your qualifications	
Name	Address	рь от ч	o persons not	Phone Phone	Relationship	

EXPERIENCE

Use the Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skill and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs with the same organization as separate items.

May we contact your present	t supervisor? YES	NO			
Job Title		Employer			
Address		Phone			
Type of business		Immediate Super	rvisor		
Salary (start)	(finish)	Supervisor's title			
Dates of Employment (mo/yr)		to (mo/yr)	Your name (if different from present)		
Full time	Part Time	Hours/week			
No. and titles of en	mployees you supe	rvised			
Equipment used		Reason for leavi	Reason for leaving		
Duties					
Job Title		Employer			
Address		Phone			
Type of business		Immediate Super	rvisor		
Salary (start)	(finish)	Supervisor's title			
Dates of Employment (mo/yr)		to (mo/yr)	Your name (if different from present)		
Full time	Part Time	Hours/week			
No. and titles of e	mployees you supe	rvised			
Equipment used		Reason for leavi	Reason for leaving		
Duties					
	additional information y and special achievement		your application, including training,		



EXPERIENCE, cont.							
Automated Work Processing (specify equipment)							
Typing Speed (words/minute) Software Programs							
License (to include driver's), certificate, or other authorization to practice a trade or profession							
Type License Number Granted by (licensing board)							
MISCELLANEOUS							
1. Check which shift you will accept Day Evening Night Rotating Weekends Specify shift hours							
2. Check which shift you will accept Full-time Part-time (specify)							
3. Check which employment status you will accept Salaried Hourly							
4. Are you willing to accept employment which requires you to travel? No Yes. If yes, during the day only,							
Occasionally overnight, Frequently overnight							
5. List the geographic locations in which you are willing to work. If anywhere, write "all"							
6. Are you willing to provide your own transportation if necessary for your employment? Yes No							
7. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?							
Yes No.							
Under the Immigration reform and control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.							
8. Have you ever been convicted for any violation(s) of law, including moving traffic violations. Yes No.							
If YES, please provide the following:							
Description of offense:							
Statute or ordinance (if known) Date of charge: ; Date of Conviction:							
County, City, State of Conviction:							
(for additional convictions use plain paper. Include all information listed above.)							
9. When will you be available to start work (month/date/year)? On this date, will applicant be 21 years of age or older?							
Yes No							

CERTIFICATION - each application requires current date and original signature

I hereby certify that all entries on all pages and attachments of this application are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment at Admiralty Environmental. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date Applicant Signature

Admiralty	
EXPERIENCE, supplemen	tal form
Job Title	Employer
Address	Phone
Type of business	Immediate Supervisor
Salary (start) (finish)	Supervisor's title
Dates of Employment (mo/yr)	to (mo/yr) Your name (if different from present)
Full time Part Time	Hours/week
No. and titles of employees you s	supervised
Equipment used	Reason for leaving
Duties	
Job Title	Employer
Address	Phone
Type of business	Immediate Supervisor
Salary (start) (finish)	Supervisor's title
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No. and titles of employees you s	
Equipment used	Reason for leaving
	0

Duties