

Gore Marine Transportation Co.

1467 Patterson Island RD SE
 Townsend, GA 31319
 Tel: (912) 832-6065
 Fax: (912) 832-4110
 www.goremarine.com

EMPLOYMENT APPLICATION

When sending in your application, please include copies (both front and back) of any United States Coast Guard document or license and/or endorsements, radar training certificates, and STCW Certifications you have.

All applicants will be required to pass a drug-screening test prior to employment.

DATE _____

PERSONAL INFORMATION				
FULL NAME: Last		First	Middle	Social Security No: _ _
CURRENT ADDRESS: Number and Street		Apt.	City	State Zip Code
PERMANENT ADDRESS: Number and Street		Apt.	City	State Zip Code
CONTACT: Home ()		Mobile ()		E-Mail
POSITION APPLYING FOR:			REFERRED BY:	

1. Are you legally eligible for employment in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Has your driver's license been revoked, restricted or suspended within the past 10 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Have you been convicted of a DWI, DUI or any similar offense within the past 10 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Do you have a TWIC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Do you have a MMD (Z-Card)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Are you a member of the IUOE Local 25, Marine Division?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE / SUBJECTS STUDIED
HIGH SCHOOL (OR GED)				
COLLEGE OR TRADE SCHOOL				
OTHER (SPECIFY)				

PAST U.S. MILITARY SERVICE	
BRANCH:	RANK:

WORK EXPERIENCE: (Begin with you most recent employer)		DATES: (Month & Year)
COMPANY NAME:	SALARY/HOURLY RATE:	FROM:
ADDRESS: (City, State)	SUPERVISOR:	TO:
POSITION AND DUTIES PERFORMED:		
REASON FOR LEAVING:		
COMPANY NAME:	PAY:	FROM:
ADDRESS: (City, State)	SUPERVISOR:	TO:
POSITION AND DUTIES PERFORMED:		
REASON FOR LEAVING:		
COMPANY NAME:	PAY:	FROM:
ADDRESS: (City, State)	SUPERVISOR:	TO:
POSITION AND DUTIES PERFORMED:		
REASON FOR LEAVING:		

REFERENCES: Give the names of three persons not related to you whom you have known at least one year.

NAME	PHONE NUMBER	OCCUPATION	YEARS ACQUAINTED

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I also understand that the Company requires the successful completion of a drug and/or alcohol test as a condition of employment."

Signature _____ Date _____