



# EMPLOYMENT APPLICATION

5300 Whiskey Island  
Cleveland, Ohio 44102  
Phone: 216-631-2628  
Fax: 216-631-5002

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Title of Position being applied for: \_\_\_\_\_

### PERSONAL INFORMATION:

Date \_\_\_\_\_ Available Start Date \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Email: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ SSN: \_\_\_\_\_

Will you accept (check if yes)	Full Time <input type="checkbox"/>	Part time <input type="checkbox"/>	Extra-Help/On Call <input type="checkbox"/>	Shift Work <input type="checkbox"/>	Weekends <input type="checkbox"/>	Days or hours unwilling/unable to work:
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Do you have friends or relatives employed by this company? If Yes, please provide their names and relationship to you: \_\_\_\_\_  Yes  No

Have you ever been employed here before? If Yes, give approx. dates \_\_\_\_\_  Yes  No

If hired, do you have a reliable means of transportation to and from work?  Yes  No

If hired, would you be able to travel or work overtime as needed?  Yes  No

Are you able to perform all the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No

Have you been convicted of a felony within the last 10 years? If Yes, please explain: \_\_\_\_\_  Yes  No

Do you have a legal right to be employed in the U.S.? (If Yes, proof is required)  Yes  No

Are you of legal age to work?  Yes  No

Do you have a valid driver's license? Exp. Date: \_\_\_\_\_ State of Issue: \_\_\_\_\_  Yes  No

### EDUCATION:

Schools/Colleges Attended	# Years	Year Grad.	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT/WORK EXPERIENCE:** Start with your present or most recent position.

May we contact this employer?  Yes  No  Contact me first

1	Position Title	Employer Name and Location	Type of Business	Dates Worked (Month and Year) From: To:
	Primary Duties:			Total Years/Months Worked
				# Hours Worked per Week
				Salary
Name and Title of Immediate Supervisor :				
Number and Types of Employees You Supervised:				
Reason for leaving/considering change:				
What value did you add to this company or its customers:				

May we contact this employer?  Yes  No  Contact me first

2	Position Title	Employer Name and Location	Type of Business	Dates Worked (Month and Year) From: To:
	Primary Duties:			Total Years/Months Worked
				# Hours Worked per Week
				Salary
Name and Title of Immediate Supervisor :				
Number and Types of Employees You Supervised:				
Reason for leaving/considering change:				
What value did you add to this company or its customers:				

May we contact this employer?  Yes  No  Contact me first

3	Position Title	Employer Name and Location	Type of Business	Dates Worked (Month and Year) From: To:
	Primary Duties:			Total Years/Months Worked
				# Hours Worked per Week
				Salary
Name and Title of Immediate Supervisor :				
Number and Types of Employees You Supervised:				
Reason for leaving/considering change:				
What value did you add to this company or its customers:				

**PERSONAL REFERENCES:** Please provide names, addresses, phone numbers relationship and how long known for 3 personal references:

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
How long: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
How long: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
How long: \_\_\_\_\_

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize Ivancic Marine, Inc. to investigate any statement contained in this application as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of Ivancic Marine, Inc.

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

**FOR IVANCIC MARINE USE ONLY:**

Arrange Interview:  Yes  No Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved:  Yes  No Date: \_\_\_\_\_

By: \_\_\_\_\_