

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 questionnaire 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 civilian 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 _____ To _____ List duties in the service including special training:
MO. DAY YR. MO. DAY YR.

**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	<input type="checkbox"/> Yes	
					<input type="checkbox"/> No	/ /
College				1 2 3 4	<input type="checkbox"/> Yes	
					<input type="checkbox"/> No	/ /
Other				1 2 3 4	<input type="checkbox"/> Yes	
					<input type="checkbox"/> 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:

1.	Name	Relationship	Where Employed
2.	Name	Relationship	Where Employed
3.	Name	Relationship	Where Employed

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

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

