

Application for Employment

DURAMAX MARINE, LLC IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. IT IS THE PHILOSOPHY, INTENT, AND COMMITMENT OF DURAMAX MARINE, LLC TO ADHERE TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITIES FOR ALL APPLICANTS AND EMPLOYEES WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, VETERAN STATUS, PREGNANCY, MENTAL OR PHYSICAL DISABILITY OR ANY OTHER STATUS PROTECTED BY LAW.

When completing this application, do not leave any questions blank. Do not substitute "see resume" for any requested information—complete one application for every job which you are applying.

THIS APPLICATION WILL REMAIN ACTIVE FOR THREE (3) MONTHS UPON SIGNING.

Personal Data

Last Name First	Middle			Date
Street Address			Home Num	ber
City, State, Zip			Mobile Num	nber
Are you 18 years or older?	Salary Desired		Currently E	mployed
Are you currently on lay-off :	status and subject to recall? \	Vhen would you b	oe able to be	egin work?
		-0		
Are you legally eligible for er	mployment in the United State	S: If necessary	/, are you ava	ailable to work overtime?
Are you available to work				
, we yet available to work				
Full-Time	Part-Time	Shift Work	Tem	nporary
Full-Time				nporary
Full-Time	f a felony or misdemeanor, wh			nporary
Full-Time Have you been convicted o (other than minor traffic vio	f a felony or misdemeanor, wh plations)?	ether sealed or u	insealed,	
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Employment History (List most recent employer first)

Company Name and Phone Number		Pay:
		Start:
		Finish:
Address		Dates Employed (mm/yy)
		From:
		То:
Job Title	Supervisor	Reason for leaving
Company Name and Phone Number		Pay:
		Start:
		Finish:
Address		Dates Employed (mm/yy)
		From:
		То:
Job Title	Supervisor	Reason for leaving
Company Name and Phone Number		
Company Name and Phone Number		Pay:
Company Name and Phone Number		Pay: Start:
Company Name and Phone Number		
Company Name and Phone Number Address		Start:
		Start: Finish:
		Start: Finish: Dates Employed (mm/yy)
	Supervisor	Start: Finish: Dates Employed (mm/yy) From:
Address	Supervisor	Start: Finish: Dates Employed (mm/yy) From: To:
Address	Supervisor	Start: Finish: Dates Employed (mm/yy) From: To:
Address Job Title	Supervisor	Start: Finish: Dates Employed (mm/yy) From: To: Reason for leaving
Address Job Title	Supervisor	Start: Finish: Dates Employed (mm/yy) From: To: Reason for leaving Pay:
Address Job Title	Supervisor	Start: Finish: Dates Employed (mm/yy) From: To: Reason for leaving Pay: Start:
Address Job Title Company Name and Phone Number	Supervisor	Start: Finish: Dates Employed (mm/yy) From: To: Reason for leaving Pay: Start: Finish:
Address Job Title Company Name and Phone Number	Supervisor	Start:
Address Job Title Company Name and Phone Number	Supervisor	Start: Finish: Dates Employed (mm/yy) From: To: Reason for leaving Pay: Start: Finish: Dates Employed (mm/yy) From:

Education

	High School	College/University	Graduate/Professional
School Name, Address and Phone Number			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Decree			
Course of Study			
Honors Received			

Degree of educational achievement is considered in the hiring process only to the extent that specific academic achievement is a requirement for performing the job

Special Skills and Training

Other than English, are you fluent in any language? Please list:
In which computer programs do you feel you have proficiency: Please list:
Do you have any other advanced training, continuing education, or special study experience that you think would be helpful in the position for which you are applying? Please list:

References

Name	Relationship	Years Known	Phone & Email

May we contact your current employer?	
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APPLICANT'S AGREEMENT

I understand, if the Company employs me, my employment and compensation are entirely "at will," which means neither are guaranteed for any definite period of time, and either can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either the Company or myself. I understand the Company reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment at its discretion at any time with or without notice. I understand no other individual oral agreements of any kind pertaining to the terms of my employment and/or my compensation exist between the Company and myself.

I also understand that no representative of the Company, other than the President, the Chairman of the Board, or the Board of Directors as a whole, has any authority to enter into any other agreement or with me personally or provide me with any assurances relating to any aspect of my employment with the Company, except the officials mentioned above of the Company may do so in writing.

I authorize the Company to investigate my background, qualifications, and/or any other information on me as it deems appropriate. I also authorize anyone the Company contacts as part of its investigation to release any information they have regarding me or my employment to the Company or its representatives. Further, I authorize the Company to release the results of any background checks conducted on me and any other information related to me or my employment as it deems appropriate. I also release all parties, including the Company and its representatives, from all liability for any damage that may result from either releasing or furnishing any such information. I understand I may have to indemnify all parties from any loss or expenses incurred, including, but not limited to, all of their attorney's fees and administrative costs deemed necessary and reasonable by the other party if I fail to release all parties from liability.

I further understand that I will take any lawful medical examination, chemical, drug, or alcohol test upon request by the Company at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by the Company. I understand my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. Further, I authorize the Company to release the results of these tests to whomever it deems appropriate where allowed by law. I hereby release all parties from all liability for any damage that may result from conducting, releasing, or furnishing information regarding these examinations or tests.

I also certify the facts contained in this Application are true and complete to the best of my knowledge and understand if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I further certify that I have read all of the foregoing, understand the same, and do hereby voluntarily agree to all of the provisions contained herein."

APPLICANT'S SIGNATURE	Date

DURAMAX MARINE, LLC

Equal Employment Opportunity Data Sheet

Duramax Marine is an Equal Employment Opportunity employer. It is the philosophy, intent, and commitment of Duramax Marine to adhere to a policy of equal employment opportunities for all applicants and employees without regard to race, color, religion, sex, age, national origin, veteran status or mental or physical disability or any other status protected by law.

To help us comply with federal/state equal opportunity record keeping, reporting, and other legal requirements, please answer all questions as they apply below. This data is used only for periodic government reporting and will be kept in a confidential file separate from employment applications and individual personnel records.

351	FIISC	1411	300	ai Securit	y Nui	Date
			Sex:	М	F	Birth Date
sition S	Sought					
	_	nerican, or othe	r Spani	•		Cuban, Mexican, Puerto Rican origin regardless of race.)
1				nore than	n one	e of the races listed below.)
	ite (Not Hispanic or Latin th Africa or the Middle Ea		having	origins in	any (of the original peoples of Europe,
	ck or African American (N ups of Africa)	lot Hispanic or	Latino)	(All perso	ons ha	naving origins in any of the Black racial
Sou		Subcontinent,	includi	ng, for ex	ampl	of the original peoples of the Far East, ble, Cambodia, China, India, Japan, etnam.)
	ive Hawaiian or Pacific Is inal peoples of Hawaii, G					persons having origins in any of the s.).
orig		South Americ				persons having origins in any of the America) and who maintain tribal
eck if a	any of the following are a	pplicable:				
	tnam-Era Veteran (A per ween August 5, 1964, and		d on act	ive duty f	for at	t least 180 days, part of which was
fora		or more; or a pe	rson di	scharged		hrough the Veteran's Administration eleased from active duty for a
Disa	abled (Physical or menta	disability which	n subst	antially lir	nits c	one or more major life activities).
ferral S	Source: Advertisement	·		Emp	loyee	e (Name)
School				Walk-i	n	Agency
nature	of Applicant					Date [.]