

# EMPLOYMENT APPLICATION

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_\_

Name \_\_\_\_\_ Email: \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Mobile/Other # (\_\_\_\_\_) \_\_\_\_\_

Are you at least 18 years of age?  Yes  No Who referred you to Iconic? \_\_\_\_\_

Do you have any relatives employed here? If so, list name(s). \_\_\_\_\_

Have you ever been employed here before? If yes, give dates and positions.....  Yes  No

Are you legally eligible for employment in this country?.....  Yes  No

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Type of employment desired  Full-time  Part-time  Temporary  Seasonal

Are you currently employed? .....  Yes  No

May we contact your current employer?.....  Yes  No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?.....  Yes  No

If yes, please provide date(s) and details  
 \_\_\_\_\_  
 \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

## Educational Background

School (Include City & State)	Years Completed	Course of Study	Degree/Diploma
High School:	1 2 3 4		
College:	1 2 3 4		
Graduate:	1 2 3 4		
Vocational:	1 2 3 4		

**Special Training or Skills:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Employment Background

Employer _____ Tel # _____ - _____ - _____	Date Employed ____/____/____ to ____/____/____
Address _____ City _____ State _____	<p style="text-align: center;"><b>COMPENSATION (Starting)</b></p> <input type="checkbox"/> Hourly <input type="checkbox"/> Annual Salary \$ _____ Commission/Bonus/Other \$ _____
Starting/Ending Job Title _____	
Immediate Supervisor Name/Title _____	<p style="text-align: center;"><b>COMPENSATION (Ending)</b></p> <input type="checkbox"/> Hourly <input type="checkbox"/> Annual Salary \$ _____ Commission/Bonus/Other \$ _____
May We Contact for Reference? ____ Yes ____ No ____ After Offer	
Reason for Leaving? _____	
Summary of work/responsibilities _____	
What did you like most about position? _____	
What did you like least about position? _____	

Employer _____ Tel # _____ - _____ - _____	Date Employed ____/____/____ to ____/____/____
Address _____ City _____ State _____	<p style="text-align: center;"><b>COMPENSATION (Starting)</b></p> <input type="checkbox"/> Hourly <input type="checkbox"/> Annual Salary \$ _____ Commission/Bonus/Other \$ _____
Starting/Ending Job Title _____	
Immediate Supervisor Name/Title _____	<p style="text-align: center;"><b>COMPENSATION (Ending)</b></p> <input type="checkbox"/> Hourly <input type="checkbox"/> Annual Salary \$ _____ Commission/Bonus/Other \$ _____
May We Contact for Reference? ____ Yes ____ No ____ After Offer	
Reason for Leaving? _____	
Summary of work/responsibilities _____	
What did you like most about position? _____	
What did you like least about position? _____	

Employer _____ Tel # _____ - _____ - _____	Date Employed ____/____/____ to ____/____/____
Address _____ City _____ State _____	<p style="text-align: center;"><b>COMPENSATION (Starting)</b></p> <input type="checkbox"/> Hourly <input type="checkbox"/> Annual Salary \$ _____ Commission/Bonus/Other \$ _____
Starting/Ending Job Title _____	
Immediate Supervisor Name/Title _____	<p style="text-align: center;"><b>COMPENSATION (Ending)</b></p> <input type="checkbox"/> Hourly <input type="checkbox"/> Annual Salary \$ _____ Commission/Bonus/Other \$ _____
May We Contact for Reference? ____ Yes ____ No ____ After Offer	
Reason for Leaving? _____	
Summary of work/responsibilities _____	
What did you like most about position? _____	
What did you like least about position? _____	

## References

Name	Title	Telephone #	Relationship to You	# Years Known



*Incomplete applications will not be considered.*

**Applicant Statement**

In exchange for the consideration of my job application by Iconic Marine Group (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statement, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Iconic Marine Group, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/COO of the Company. Both the undersigned and Iconic Marine Group may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company and/or its designee permission to contact schools, previous employers (unless otherwise indicated), references and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that may provide for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company or its designee may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, mode of living and/or criminal background. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**E-Verify Statement**

Iconic Marine Group participates in E-Verify. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee’s Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you with written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment. Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify’s photo matching tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services’ (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at [www.justice.gov/crt/osc](http://www.justice.gov/crt/osc).

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_