



CABRAS MARINE CORPORATION

1026 Cabras Highway, Suite 114, Piti, Guam 96915

Tel: (671) 477-1818 • Fax: (671) 477-6206 • Website: www.cabrasmarine.com

Cabras Marine Corporation is an Equal Opportunity Employer and will consider all qualified applicants for available positions without regard to race, color, sex, religion, age, national origin, disability, or veteran status. Advancement to positions of greater responsibility is based on an individual's demonstrated performance.

APPLICATION FOR EMPLOYMENT

Date of Application:	Desired Salary:	Date available to start working:	Social Security Number:
Position You Are Applying For:		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Have you applied w/ us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been employed by Cabras before?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally eligible to be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Minor's Certificate Number:		(Proof of citizenship or immigration status will be required upon employment.)	

PERSONAL INFORMATION

Last Name:	First Name:	Middle Initial:
Mailing Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Alt. Phone:
E-Mail Address:	Do you have any friends or relatives working for Cabras? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give their names: _____	
Have you ever been convicted of a felony or misdemeanor within the last 7 years? Conviction will not necessarily disqualify you from employment. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____		

MILITARY SERVICE

BRANCH: _____ **SERVICE PERIOD:** _____ **VIETNAM VETERAN** Yes No

Any job related training in the military Yes No If yes, please describe: _____

EDUCATION	Circle the highest grade completed	Grade School	High School	College	
		1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4 5+	
	Name of School	Major Course of Study	Education Completed?	Degree or Certificate	G.P.A.
High School					
College					
Graduate School					
Business or Trade School					
Other Programs					

EMPLOYMENT EXPERIENCE: Begin with the most recent employer and account for any job related military experience, self-employment and volunteer activities

Employer:	Dates Employed:	to
Work Phone:	Pay Rate:	
Address:		
City:	State:	Zip Code:
Position:		
Name of your Supervisor:	Title of your Supervisor:	
Duties Performed:		
Reason for leaving:		
May we contact your previous employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		



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Work Phone:		Pay Rate:			
Address:					
City:		State:		Zip Code:	
Position:					
Name of your Supervisor:		Title of your Supervisor:			
Duties Performed:					
Reason for leaving:					
May we contact your previous employer: <input type="checkbox"/> Yes <input type="checkbox"/> No					

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PLEASE CHECK YOUR AVAILABILITY TO WORK BELOW:

Sunday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible
Monday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible
Tuesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible
Wednesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible
Thursday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible
Friday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible
Saturday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible

PLEASE EXPLAIN ANY UNEMPLOYMENT LONGER THAN THIRTY DAYS:

APPLICANTS CERTIFICATION AND ACKNOWLEDGEMENT

I understand that Cabras Marine Corporation follows an "employment at will" policy, in that Cabras Marine Corporation may terminate my employment at any time or for any reason consistent with the applicable local or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President of this organization. I understand that this application is not a contract of employment. I understand that the federal laws require companies to employ only individuals who may legally work in the United States – either U.S. citizens, or foreign citizens who have the necessary authorization; failure to submit such proof will result in denial of employment.

I understand that the employer will investigate my work and personal history and verify all data given this application, on related papers, and in interviews. I authorize all individuals, schools and firms herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that Cabras Marine Corporation has a Drug Free Workplace Policy which requires that upon conditional offer of employment, I agree to submit and pass a pre-employment drug test with "negative" results to qualify. Additionally, employees must comply with Cabras Marine Corporation's Drug Free Workplace and drug testing requirements for employment.

I understand that I will be required to take a Physical Examination upon offer of conditional employment to determine my fitness for duty and for continued employment. I agree and consent to take such test at such time designated by Cabras Marine Corporation and release Cabras Marine Corporation from any claim arising in connection with such tests.

I understand that the first six months of employment are probationary. I understand and agree that if hired my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice. I understand this application will be active for a period of 1 year; after that time, if I wish to be considered for employment, I must submit a new application.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Print Name	Signature	Date
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Is there any information we need to know about your name, or use of another name, for us to be able to check your work record? Yes No

Please specify:

IN CASE OF EMERGENCY PLEASE CONTACT

Name	Company	Address	Contact Number(s)



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REFERENCES

Name	Company	Address	Years Acquainted

OFFICE USE ONLY

Date:	
Interviewer:	
Position Interviewed For:	
Comments:	
Hired:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Salary:	
Start Date:	
Approved By & Title:	