

PERSONAL HEALTH

How many times were you absent from work in the last 12 months? _____

Are you able to perform all of the duties of the job for which you are applying? Yes No

If the answer is no, please identify those duties you cannot perform: _____

As a qualification for employment with Seabee, an individual must not pose a significant risk of harm to the health or safety of other employees. Do you know of any reason you would pose such a threat to other employees? Yes No

If the answer is yes, please explain: _____

PERSONAL REFERENCES

GIVE NAMES OF PEOPLE OTHER THAN RELATIVES OR FORMER EMPLOYERS, WHO HAVE KNOWN YOU THREE YEARS OR MORE.			
NAME	ADDRESS & PHONE NUMBER	OCCUPATION	LENGTH OF ACQUAINTANCE

MILITARY SERVICES

Were you in military service? _____ If yes, what branch? _____
 Dates of Service: _____ Type of Discharge: _____
 Rating or Rank achieved: _____ Special Training Received: _____

SPECIAL SKILLS

If you are an experienced operator of office machines or equipment, please list them: _____

If you are an experienced operator of plant machines or equipment, please list them: _____

Do you have any other skills you wish to mention? _____

SEABEE, A LIGON CO. (AKA: HAMPTON HYDRAULICS)

I certify that the information contained in this application or any resume I have supplied is correct and I understand the falsification of this information is grounds for dismissal. I hereby authorize a background check of my past employment, activities, and statements contained in this application and release from all liability and responsibility all persons, companies or corporations supplying such information. I understand that such information may include a record of disciplinary action assessed by previous employers and hereby release such parties from any obligation to provide me with written notification of such disclosure.

I understand that in order to be hired, I must establish my legal right to work in the United States. When requested, later in the application process, I will provide Seabee with documentation establishing my right to work. I also understand that I must satisfactorily complete an employment physical examination and drug screen.

I agree to conform to the policies and regulations of Seabee and recognize that my employment can be terminated at any time with or without cause, and with or without notice at any given time, at the option of either Seabee or myself. I understand that compensation, benefits, and Seabee policies may be amended, modified or eliminated at any time with or without notice. I further understand that no person has any authority to enter into any agreement of employment for any specific period of time, or to make any agreement or commitment on behalf of Seabee verbally or otherwise, contrary to the foregoing, except by a written agreement signed by the President of Seabee.

Signature _____ Date _____



**APPLICATION FOR EMPLOYMENT
(ANSWER EACH QUESTION FULLY)**

No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, height, weight or marital status.

PERSONAL INFORMATION (Please Print)

Print Name in full	Last	First	Middle	Social Security Number

Any aliases or other names, other than a legal name change, under which you have worked? _____

Present Address	Street Address	City	State	Zip Code

Email Address	Telephone Number - Home	Telephone Number - Cell

Have you ever been convicted of a felony? Yes No

If yes, give date, charge and disposition of case. (Conviction will not necessarily disqualify you from employment.)

Date	Offense	Place	Disposition

Are there any felony charges pending against you? Yes No If yes, please explain _____

If under 18, can you furnish a work permit? Yes Not Applicable

AVAILABILITY FOR WORK

Application for: Full Time Part-Time Temporary Summer

Are there any restrictions in availability to work any day or shift during the week, if necessary? If yes, please explain: _____

Are you on layoff and subject to recall? Yes No

Type(s) of work for which qualified: _____

Date available for work: _____ Salary desired \$ _____ Hr. Yr.

Will you work daily overtime on occasion if necessary? Yes No

Will you work extra days in the week if necessary? Yes No

Do you plan to work elsewhere or attend school and work here too? Yes No

Do you have any obligations which would affect working as scheduled? Yes No

Are you employed? Yes No Where? _____

Must you give advance notice? Yes No How much? _____

May we contact your present employer for a reference? Yes No

OTHER PERSONAL INFORMATION

Have you ever worked for Seabee? Yes No If yes, provide dates and job title: _____

Are any of your friends or relatives employed by Seabee? Yes No

If yes, provide name and relationship: _____

Can you travel if a job requires it? Yes No

Have you ever been discharged or asked to resign from a job? Yes No If yes, please explain: _____

Please list all disciplinary actions (including warning and counseling) issued to you by your prior employers: _____

Are you prevented from lawfully becoming employed because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? Yes No

Years in College or Vocational School 1 2 3 4 5 6 7 8 Did you graduate? Yes No

If you have attended and/or completed vocational or trade schools, colleges or post graduate education, please submit an official copy of your transcript(s).

SCHOOL	SCHOOL NAME	CITY	STATE	COURSE / MAJOR / MINOR	CERTIFICATE / DIPLOMA / DEGREE	GRADE AVG
High School(s)						
College(s)						
Post Graduate Education (include correspondence, trade schools, etc.)						

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE			
	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status.

List licenses or certificates held: _____

EMPLOYMENT

List employment starting with your most recent employer. Account for all periods, including U.S. Armed Forces service, Seabee experience and periods of unemployment. If the space provided does not cover at least 7 years, attach additional sheet or complete resume.

Please note that it is our policy to thoroughly check applicants work and/or educational backgrounds. Omissions or misstatements of fact are cause for disqualification. If currently employed, may we contact your present employer now?

Firm Name	Address	City	State	Zip Code	Phone
Start Date	Leave Date	Job Title	Supervisor's Name	Base Earnings \$ Per	
Responsibilities			Reason for Leaving		

Firm Name	Address	City	State	Zip Code	Phone
Start Date	Leave Date	Job Title	Supervisor's Name	Base Earnings \$ Per	
Responsibilities			Reason for Leaving		

Firm Name	Address	City	State	Zip Code	Phone
Start Date	Leave Date	Job Title	Supervisor's Name	Base Earnings \$ Per	
Responsibilities			Reason for Leaving		

Firm Name	Address	City	State	Zip Code	Phone
Start Date	Leave Date	Job Title	Supervisor's Name	Base Earnings \$ Per	
Responsibilities			Reason for Leaving		

Firm Name	Address	City	State	Zip Code	Phone
Start Date	Leave Date	Job Title	Supervisor's Name	Base Earnings \$ Per	
Responsibilities			Reason for Leaving		

EMPLOYMENT DATA INFORMATION FORM

PURPOSE OF REQUESTING EMPLOYMENT DATA INFORMATION

HAMPTON HYDRAULICS, LLC IS AN EQUAL OPPORTUNITY EMPLOYER; EMPLOYMENT DECISIONS ARE MADE WITHOUT REGARD TO RACE, COLOR RELIGION, SEX, HEIGHT, WEIGHT, NATIONAL ORIGIN, AGE, MARITAL STATUS, CITIZENSHIP OR HANDICAP.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and my only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Information provided on this form will not be used for making employment decisions. The employment data information will be maintained in a separate file.

Thank you for your cooperation.

Date: _____

Position(s) Applied For _____

Referral Source: Newspaper Advertisement Relative or Friend Minority Agency
 Walk-in Employment Agency Other _____

Name: _____ Phone (_____) _____
Last First MI Area Code

Address: _____
Number Street City State Zip Code

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

This data is for analysis and affirmative action only.

• Check One: Male Female

• Check one of the following:

Race/Ethnic Group: American Indian or Alaska Native Asian Black or African American
 Hispanic or Latino Native Hawaiian or other Pacific Islander
 White Two or more races

NOTE: FEDERAL GOVERNMENT GUIDELINES FOR REPORTING RACE/ETHNIC GROUPS ARE FOUND ON THE REVERSE SIDE OF THIS FORM.

American Indian or Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above six races.