



2017 Standard Employment Application

Date: _____

Applicant Information

Name: _____ DOB: _____
Last First M.I.

Address: _____
Mailing Address Apartment/Unit #

City State ZIP Code

Phone: () - Social Security #:
Cell: () - E-mail Address: _____

Position applying for: _____ Full Time [] or Part Time []

Applicants for Van Driver or Boat Captain positions must also complete the ABAK Supplemental Application.

Date Available: _____ Last Day Available: _____ Preferred Nickname: _____

Do you have any availability restrictions? YES NO [] [] If yes, explain: _____
(Note: Limitations that conflict with scheduling needs may influence employment selection)

Are you a citizen of the United States? YES NO [] [] If no, are you authorized to work in the U.S? YES NO [] []

Have you applied for a position before? YES NO [] [] If yes, when? _____

Have you ever been convicted of a felony? YES NO [] [] If yes, explain: _____

Education

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO [] [] Awards/ Comments: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO [] [] Certificate/ Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Certificate/ Degree/ Awards/ Comments: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ City/State: _____ Phone: () - _____

Full Name: _____ Relationship: _____
Company: _____ City/State: _____ Phone: () - _____

Full Name: _____ Relationship: _____



Company: _____

City/State: _____

Phone: () - _____

Previous Employment

Provide information on **all employers** during the past **3 years**.

(If needed, additional space is available on the Supplemental Application.)

Note: You must sign a Release of Information Request Form for each safety sensitive position indicated.

Company: _____ Phone: () - _____
Address: _____ Fax: () - _____
City/State/Zip: _____ Supervisor: _____
Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES NO

Was your job designated as a safety-sensitive function subject to drug and/or alcohol testing? *YES NO

*If Yes: What Administrative Authority were you subject to testing for? DOT USCG Non-DOT

Company: _____ Phone: () - _____
Address: _____ Fax: () - _____
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Certifications and Licenses

Note: All employees for ABAK are required to have First Aid/CPR.

Are you currently certified in First Aid? *YES NO *Expires: _____
Are you currently certified in CPR? *YES NO *Expires: _____
Are you currently certified as a WFR? *YES NO *Expires: _____
Are you currently certified as an EMT? *YES NO *Expires: _____

Driver's License #, State and Expiration date: _____ How many years? _____

Any driving violations or accidents in the past 3 years or DUIs in the last 5 years?	*YES <input type="checkbox"/>	NO <input type="checkbox"/>	*Yes: Fill out the <u>Driving Accidents and Violations</u> section of the Supplemental Application
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Additional Information

Do you speak another language? YES NO
If yes, what language(s) and level of competency? _____

List any additional certifications or training relevant for the position you are interested in: _____

How did you hear about ABAK?
(If you were recruited by an ABAK employee, please list their name.) _____

What is your shirt size (uniform)? _____

Disclaimer and Signature

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Cover Letter

Tell us a bit about yourself and what you would like to get out of a summer with ABAK.
(Feel free to include additional pages or attach separately)



Please send completed applications by email to info@beyondak.com

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