

# APPLICATION FOR EMPLOYMENT



**AMBYTH SHIPPING & TRADING, INC.**  
193 ROJAS STREET, HARMON INDUSTRIAL PARK  
TAMUNING, GU 96913

POSITION(S) APPLIED FOR \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ DESIRED SALARY: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

MAILING ADDRESS: \_\_\_\_\_  
BOX NO / STREET CITY STATE ZIP

HOME NO.: \_\_\_\_\_ WORK NO.: \_\_\_\_\_ CELL NO.: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ ALTERNATE CONTACT NO.: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

### COLLEGE:

NAME AND LOCATION: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_ DID YOU GRADUATE: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_

### HIGH SCHOOL:

NAME AND LOCATION: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_ DID YOU GRADUATE: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_

### OTHER:

NAME AND LOCATION: \_\_\_\_\_

YEARS COMPLETED: \_\_\_\_\_ DID YOU GRADUATE: \_\_\_\_\_

COURSE OF STUDY: \_\_\_\_\_

**SKILLS AND QUALIFICATIONS:** Summarize special skills and qualifications that may qualify you for work with our company:

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT ELIGIBILITY

If you are under 18, can you furnish a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_

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

(Proof of U.S. citizenship or immigration status will be required upon employment)

Date available for work \_\_\_\_\_

Type of employment desired: Full \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal \_\_\_\_\_

**SUITABILITY DETERMINATION**

Have you been convicted of a felony in the last seven (7) years? Yes No  
(Such conviction may be relevant if job-related, but does not bar you from employment)

Have you been disciplined or discharged for absenteeism, tardiness, failure to notify your employer when you were late or absent or for other attendance-related reasons? Yes No

Have you been disciplined or discharged for theft, unauthorized removal/use of employer or co-worker property or related offenses? Yes No

Have you been disciplined or discharged for being under the influence of alcohol or illegal drugs in the workplace or for possession, sale or use of illegal drugs or alcohol in the workplace? Yes No

Have you been disciplined or discharged for insubordination? Yes No

Have you been disciplined for violating safety rules? Yes No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY** List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_ Contact No. \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_ Contact No. \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_ Contact No. \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving \_\_\_\_\_

\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_ Contact No. \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES:**

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**EMPLOYER RELEASE FORM**

I authorize Ambyth Shipping & Trading, Inc, to conduct an investigation of my personal, educational, financial, or employment history and I authorize any former employer and any other person, firm, corporation, institution or government agency to give Ambyth Shipping & Trading, Inc. any information they may have about me. In consideration of Ambyth Shipping & Trading, Inc.'s review of my application for employment, I release Ambyth Shipping & Trading, Inc. and all providers of information from liability as a result of furnishing or receiving this information.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

Printed name of applicant \_\_\_\_\_

**EMPLOYER INFORMATION**

Employer's full name: \_\_\_\_\_

Date of employment: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Final Position Held: \_\_\_\_\_

Hourly / Salary Rate: \_\_\_\_\_

Subject for Re-Hire?: Yes \_\_\_\_\_ No \_\_\_\_\_

If "NO", please explain: \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

**EMPLOYEE EVALUATION:**

How would you rate the above person? (Please mark the appropriate box)

	Excellent	Satisfactory	Fair	Unsatisfactory
COOPERATION				
JOB KNOWLEDGE				
QUALITY OF WORK				
ATTENDANCE				
INITIATIVE				

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX TO OUR OFFICE AT 671-646-6772, ATTN: HUMAN RESOURCES**