

Date received _____
Time received _____
Received by _____

AMBYTH SHIPPING & TRADING, INC.

EMPLOYMENT APPLICATION

“We are an Equal Opportunity Employer”



PRINT IN BLACK OR TYPE: These instructions must be followed exactly. Fill out application form completely. If question are not applicable, enter “NA” **Do not leave questions blank.** Be sure to sign when completed. Ambyth Shipping & Trading, Inc. is an Equal Opportunity Employee and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the profession of services. You may make copies of this application and enter different positions titles, but **each copy must be signed. Resumes will not be accepted in lieu of applications.** This application becomes the property of Ambyth Shipping & Trading, Inc. and is subject to disclosure. You may have the right to ask to correct any information that is determined to be incorrect. If offered employment with Ambyth Shipping & Trading, Inc., you will be required to provide proof of identify and eligibility for employment in the United States as required by the Department of Homeland Security, U.S. Citizenship and Immigration Services.

GENERAL INFORMATION

NAME: _____			
(Last)	(First)	(Middle)	
MAILING ADDRESS: _____			
(PO BOX No./ Street)	City	STATE	ZIP CODE
() _____	() _____	() _____	() _____
(Daytime Phone)	(Evening Phone)	(Work Phone, Optional)	(Alternate Phone)
E-MAIL ADDRESS: _____			
HOW DID YOU HEAR ABOUT THIS POSITION? <input type="checkbox"/> AMBYTH Website <input type="checkbox"/> Department of Labor <input type="checkbox"/> Indeed.com <input type="checkbox"/> Guamjobsonline.com			
<input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-In <input type="checkbox"/> Other: _____			

POSITION INFORMATION

POSITION APPLIED FOR: _____	SALARY DESIRED: _____
DATE AVAILABLE: _____	HOURS AVAILABLE _____
<input type="checkbox"/> FULLTIME <input type="checkbox"/> PARTTIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL	
Are you at least 18 years of age?	If under 18, do you have a work permit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with Ambyth Shipping & Trading, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, please provide dates you worked at Ambyth Shipping & Trading, Inc.: _____	
Do you have a Chauffeurs driver’s license? <input type="checkbox"/> Yes <input type="checkbox"/> No If “no”, please provide driver’s license class type: _____	
Are you able to perform the essential functions of the job you are apply for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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EDUCATION BACKGROUND.

Please check and indicate all your formal educational accomplishments:

High School Graduate – School Name: _____

Location: _____ Year Graduate: _____

Completed General Educational Development (GED) – School Name: _____

Location: _____ Certificate No.: _____ Year Graduate: _____

Incomplete High School – Last Grade Completed (Check one) **9th Grade** **10th Grade** **11th Grade**

School Name: _____

Name and Location of College/University	Date of Attendance		Course of Study	Type of Degree	Year Graduated
	From	To			

SKILLS AND QUALIFICATIONS:

Please summarize any other qualifications such as special skills, abilities or honors that should be considered: (Such as professional licenses or certifications)

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EMPLOYMENT HISTORY: List all employers for the last 10 years, starting with your current employer. All information must be completed. You may attach a resume, but not in place of completing the required information.

A. Name of Employer/Mailing Address:		From: (Month / Year)
		To: (Month / Year)
Position Title:	Immediate Supervisor:	Telephone Number:
Duties and Responsibilities		Hours Per Week
		Last Salary
Reason for Leaving:		May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment: <input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial		
B. Name of Employer/Mailing Address:		From: (Month / Year)
		To: (Month / Year)
Position Title:	Immediate Supervisor:	Telephone Number:
Duties and Responsibilities		Hours Per Week
		Last Salary
Reason for Leaving:		May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment: <input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial		
C. Name of Employer/Mailing Address:		From: (Month / Year)
		To: (Month / Year)
Position Title:	Immediate Supervisor:	Telephone Number:
Duties and Responsibilities		Hours Per Week
		Last Salary
Reason for Leaving:		May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment: <input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial		

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EMPLOYMENT HISTORY CONTINUED:

D. Name of Employer/Mailing Address:		From: (Month / Year)
		To: (Month / Year)
Position Title:	Immediate Supervisor:	Telephone Number:
Duties and Responsibilities		Hours Per Week
		Last Salary
Reason for Leaving:		May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment: <input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial		
E. Name of Employer/Mailing Address:		From: (Month / Year)
		To: (Month / Year)
Position Title:	Immediate Supervisor:	Telephone Number:
Duties and Responsibilities		Hours Per Week
		Last Salary
Reason for Leaving:		May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment: <input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial		
F. Name of Employer/Mailing Address:		From: (Month / Year)
		To: (Month / Year)
Position Title:	Immediate Supervisor:	Telephone Number:
Duties and Responsibilities		Hours Per Week
		Last Salary
Reason for Leaving:		May We Contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment: <input type="checkbox"/> Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial		

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REFERENCES: List four personal references who are not relatives or former supervisors.

NAME	TELEPHONE CONTACT	ADDRESS	NO. of YEARS KNOWN

APPLICANT STATEMENT

I, _____, hereby certify that all statements made on this application
(PRINT NAME)
are true, complete, and correct to the best of my knowledge. 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 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 hereby authorize Ambyth Shipping & Trading, Inc. to conduct an investigation of my personal, educational, financial, **to include but not limited to local and federal court job related convictions** 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 the Ambyth Shipping & Trading, Inc. and all providers of information from liability as a result of furnishing or receiving this information.

SIGNATURE OF APPLICANT
(sign in blue/black ink)

DATE

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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
 (sign in blue/black ink)

DATE

***** **EMPLOYER USE ONLY BELOW** *****

NAME OF EMPLOYER: _____

DATE OF EMPLOYMENT: _____ SALARY RATE: _____

LAST HELD POSITION: _____

REASON FOR LEAVING? _____

SUBJECT FOR RE-HIRE? Yes No If "NO", please explain: _____

HOW WOULD YOUR RATE THE ABOVE PERSON? (Please Mark appropriate box)

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

Authorization Signature: _____ Print Name: _____

Position Title: _____ Date: _____

PLEASE FAX TO OUR OFFICE THE FOLLOWING: **671-646-5811, ATTN: HUMAN RESOURCES** or you may email hr@ambyth.com .