



Southwest Shipyard, L.P.
 18310 Market Street
 Channelview TX 77530
 281-860-3200 281-860-3225 (FAX)

APPLICATION FOR EMPLOYMENT

10/2012

PLEASE PRINT

Southwest Shipyard, L.P., does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in any employment-related activity. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Telephone # (____) _____ Mobile (____) _____

If you are under 18, can you furnish a work permit? [] Yes [] No

If no, please explain _____

Are you legally eligible for employment in this country? [] Yes [] No

Date available for work ____/____/____

Are you a Veteran? [] Yes [] No If so what Military branch? _____

Type of employment desired [] Full-Time [] Educational Co-Op _____ Days _____ Nights

Are you able to perform the essential functions of the job for which you are applying? (done this work before)..... [] Yes [] No

Are you able to meet the attendance requirements of the position? [] Yes [] No

Have you been convicted of a felony or subjected to deferred adjudication on a felony charge in the last seven (7) years? [] Yes [] No

If yes, please explain _____

A CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, BUT A FALSE STATEMENT WILL. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function _____ State _____

Employment History: Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE ()
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____	

Skills and Qualifications:

Summarize any training skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. (proof may be required) _____

Educational Background: IF JOB -RELATED

	NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE		COURSE OF STUDY
			MAJOR	DEGREE*	
HIGH SCHOOL / GED					
COLLEGE					
OTHER (Trade, Industrial, etc.)					

*proof may be required

References:

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

- I CERTIFY THAT ALL THE INFORMATION PROVIDED BY ME IN CONNECTION WITH MY APPLICATION, WHETHER ON THIS DOCUMENT OR NOT, IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY MISSTATEMENT, FALSIFICATION, OR OMISSION OF INFORMATION MAY BE GROUNDS FOR REFUSAL TO HIRE OR, IF HIRED, TERMINATION.
- I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT, I WILL BE REQUIRED TO PROVIDE LEGAL PROOF OF AUTHORIZATION TO WORK IN THE U.S.
- I UNDERSTAND THE ESSENTIAL JOB FUNCTIONS OF THE POSITION FOR WHICH I AM APPLYING AND AM CAPABLE OF PERFORMING THESE FUNCTIONS.WITH OR WITHOUT REASONABLE ACCOMMODATION.
- I UNDERSTAND THAT THE POSITION FOR WHICH I HAVE APPLIED MAY REQUIRE THAT I SUBMIT TO AND PASS A DRUG SCREEN AND PHYSICAL.
- I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION, AND I RELEASE ALL SUCH PARTIES FROM ALL LIABILITY FROM ANY DAMAGES WHICH MAY RESULT FROM FURNISHING SUCH INFORMATION TO YOU.
- THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.
- THIS APPLICATION IS CURRENT FOR ONLY 30 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.
- IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.
- BY SIGNING YOUR APPLICATION, YOU AUTHORIZE SOUTHWEST SHIPYARD TO CONDUCT THE NECESSARY BACKGROUND CHECKS IF YOUR POSITION REQUIRES ONE (OR MORE). THE RESULTS OF THESE BACKGROUND CHECKS COULD DETERMINE WHETHER YOU ARE OR ARE NOT OFFERED A POSITION WITH SOUTHWEST SHIPYARD.

DO YOU HAVE A VALID TWIC CARD? _____ YES _____ NO Expiration date: _____

If no, are you capable of obtaining one? _____

Have you ever worked at Southwest Shipyard, L.P. before? _____ YES _____ NO

Are you related to a current employee of Southwest Shipyard, L.P.? _____ YES _____ NO

How did you hear of this position?

_____ walk-in _____ ad _____ friend _____ employment agency

_____ other _____
(please list)

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ **Date** ____/____/____