



Application for Employment

Please print clearly and complete every section. If you have a resume, please attach it — see the Resume section on page 2. Do not provide a Social Security number or driver's license number on this form.

APPLICANT INFORMATION

FULL LEGAL NAME

PHONE

MAILING ADDRESS

EMAIL

CITY

STATE

ZIP CODE

HOW DID YOU HEAR ABOUT US?

POSITION AND AVAILABILITY

☐ Carpenter ☐ Laborer ☐ Other: _____

EARLIEST START DATE

SCHEDULE DESIRED

☐ Full-time ☐ Part-time

WORK REQUIREMENTS

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Are you at least 18 years old? ☐ Yes ☐ No

Can you reliably report to changing job sites and designated meeting points? ☐ Yes ☐ No

Can you perform the essential duties of the position, with or without reasonable accommodation? ☐ Yes ☐ No

Are you willing to work outdoors around water, heights, loud equipment, heat, cold, rain, and mud? ☐ Yes ☐ No

Are you available for early starts, overtime, or occasional weekend work when a job requires it? ☐ Yes ☐ No

CONSTRUCTION QUALIFICATIONS

YEARS OF CONSTRUCTION EXPERIENCE

YEARS OF MARINE CONSTRUCTION EXPERIENCE

☐ Carpentry / framing

☐ Decking / docks

☐ Seawalls

☐ Pile driving

☐ Concrete work

☐ Welding / fabrication

☐ Boats / barges

☐ Heavy equipment

☐ Power tools

OTHER SKILLS, EQUIPMENT OPERATED, LICENSES, SAFETY CERTIFICATIONS, OR TRAINING



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EMPLOYMENT HISTORY — MOST RECENT FIRST

EMPLOYER 1 — EMPLOYER / COMPANY

CITY AND STATE

SELF-EMPLOYED?

☐ Yes

JOB TITLE

START DATE

END DATE

MAY WE CONTACT THIS
EMPLOYER?

☐ Yes ☐ No

MAIN DUTIES, EQUIPMENT USED, AND REASON FOR LEAVING

EMPLOYER 2 — EMPLOYER / COMPANY

CITY AND STATE

SELF-EMPLOYED?

☐ Yes

JOB TITLE

START DATE

END DATE

MAY WE CONTACT THIS
EMPLOYER?

☐ Yes ☐ No

MAIN DUTIES, EQUIPMENT USED, AND REASON FOR LEAVING

JOB READINESS

Do you hold a valid driver's license?

☐ Yes

☐ No

Are you willing and able to wear required PPE and follow job-site safety rules?

☐ Yes

☐ No

Have you completed job-related safety training (OSHA, first aid/CPR, fall protection, etc.)?

☐ Yes

☐ No

IF YES, LIST THE TRAINING

RESUME

Do you have a resume? Please attach it if you do — it does not replace this application.

☐ **Resume attached** — staple or clip it behind this page ☐ **No resume** — application only

Attach / load your resume here: staple or clip your printed resume behind this page. If submitting by email, attach the resume file (PDF or Word) to the same email: mcunlimited@yahoo.com.

APPLICANT CERTIFICATION

I certify that the information in this application is true and complete to the best of my knowledge. I understand that false statements or material omissions may disqualify me from consideration or, if I am hired, may result in termination of employment. I authorize Marine Construction Unlimited, LLC to contact the employers listed here and verify job-related information, subject to applicable law.

I understand that this application is not a contract or guarantee of employment. If hired, my employment will be at will to the extent permitted by law, meaning that either I or Marine Construction Unlimited, LLC may end the employment relationship at any time, with or without cause or notice. **Employment is contingent upon passing a pre-employment drug screen.**

APPLICANT SIGNATURE

DATE

Equal Employment Opportunity: Marine Construction Unlimited, LLC considers qualified applicants without regard to race, color, religion, sex, national origin, age, disability, genetic information, veteran status, or any other status protected by applicable law.

FOR COMPANY USE ONLY

INTERVIEWER

DECISION

START DATE

STARTING PAY