

General Steamship Agencies, INC.

FOR OFFICE USE ONLY

General Steamship Corp. Ltd.
Alaska Maritime Agencies, Inc.

BRANCH _____
DEPARTMENT _____
OCCUPATION _____
RATE _____
START DATE _____
APPROVED _____

APPLICATION FOR EMPLOYMENT

PLEASE PRINT	LAST NAME	FIRST	MIDDLE	DATE OF APPLICATION	POSITION DESIRED
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SALARY REQUESTED	FULL OR P/T EMPLOYMENT	REFERRED BY
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HAVE YOU EVER WORKED FOR THIS OR ANY OTHER COMPANY UNDER A DIFFERENT NAME? YES NO IF YES WHAT NAME? _____

PRESENT ADDRESS	CITY	STATE	ZIP CODE	PHONE
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ARE YOU OVER EIGHTEEN YEARS OF AGE? YES NO IF NO, CAN YOU, AFTER HIRE, SUBMIT A WORK PERMIT? YES NO

DRIVER LICENSE NUMBER	SHOULD YOUR JOB REQUIRE IT, DO YOU OWN A CAR? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DO YOU HAVE THE LEGAL RIGHT TO WORK AND REMAIN IN THE UNITED STATES? YES NO

HAVE YOU ANY PERSONAL OBLIGATIONS WHICH WOULD PREVENT YOU FROM WORKING OVERTIME? YES NO -OR- TRAVELING IF NECESSARY? YES NO

IF YES (TO EITHER OF THE ABOVE) PLEASE ELABORATE _____

PLEASE DESCRIBE COMPUTER SKILLS/EXPERIENCE _____

EDUCATION

NAME OF	DID YOU GRADUATE?	MAJOR	MINOR
HIGH SCHOOL			
COLLEGE/ UNIVERSITY			
GRADUATE SCHOOL			
BUSINESS SCHOOL			
SPECIAL COURSES			

EMPLOYMENT RECORD

LAST POSITION FIRST PLEASE

FROM	TO	EMPLOYER'S NAME AND ADDRESS	POSITION AND RESPONSIBILITIES
		Supervisor:	
		Phone:	
		Reason for leaving:	
		Supervisor:	
		Phone:	
		Reason for leaving:	
		Supervisor:	
		Phone:	
		Reason for leaving:	

ARE YOU ABLE TO PERFORM THE TASKS REQUIRED OF THE POSITION WITH OR WITHOUT ACCOMMODATION? HOW WOULD YOU BE ABLE TO PERFORM THE TASKS OF THE POSITION AND WITH WHAT ACCOMMODATIONS?

THIS AREA IS FOR YOUR USE IF THERE IS ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO TELL US ABOUT YOURSELF. PLEASE ELABORATE. IT IS NOT, HOWEVER, REQUIRED. THIS SIMPLY GIVES US AN OPPORTUNITY TO KNOW YOU BETTER.

PLEASE PROVIDE THE NAMES OF THREE INDIVIDUALS WHO MAY BE CONTACTED AS REFERENCES:

1. _____

NAME	ADDRESS	TELEPHONE NO.
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2. _____

NAME	ADDRESS	TELEPHONE NO.
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3. _____

NAME	ADDRESS	TELEPHONE NO.
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I certify that the information contained in this application is correct to the best of my knowledge and understand that in the event of my employment, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information requested. I authorize investigation of all statements in this application, authorize the references listed above to give you any and all information concerning my previous employment and pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

In the event of my employment by the company, and in consideration thereof, I agree to conform to the policies of the company; acknowledge that these policies may be changed by the company at any time at the company's sole option with or without notice, and further agree that my employment will be one of voluntary employment "at will" which may be terminated, with our without cause, at the option of either the company or myself. I understand and agree that, if employed by the company, the "at will" employment relationship between me and the company shall constitute the full and final expression of my relationship with the company, and that it may not be modified, altered, or amended either expressedly or impliedly, unless in writing signed by the Secretary of the company pursuant to resolution of the Board of Directors.

Date

Signature

Revised 06/05/18