

Marine Professionals, Inc.

Bahia Mar Yachting Center
801 Seabreeze Blvd.
Ft. Lauderdale, FL 33316
Tel: 954-763-4161 Fax: 954-763-4162
marineproinc@bellsouth.net www.marineprofessionals.com

APPLICATION FOR EMPLOYMENT

Marine Professionals is an equal opportunity employer

PERSONAL INFORMATION

Name (Last, First, Middle):	Date:	
<hr/>		
Social Security Number:		
<hr/>		
Home Address:		
<hr/>		
City:	State:	Zip:
<hr/>		
Home Phone:	Business Phone:	
<hr/>		
Can you prove your U.S. Citizenship? Circle one:	Yes	No
<hr/>		
If not a U.S. Citizen, give Visa No. and Expiration Date:		
<hr/>		

Position You Are Applying For		
<hr/>		
Title:	Salary Requirement:	
<hr/>		
Referred by:	Date You Can Start:	
<hr/>		

EDUCATION RECORD

High School (Name, City, State):		
<hr/>		
Graduation Date:		
<hr/>		
Business or Technical School (Name, City, State):		
<hr/>		
Dates Attended:	Degree Earned:	
<hr/>		
Undergraduate College (Name, City, State):		
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Dates Attended:	Degree, Major:	
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Graduate School (Name, City, State):		
<hr/>		
Dates Attended:	Degree, Subject:	
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(please turn to next page)

WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)

1-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

2-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

3-Employer

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

Has your license to drive ever been suspended?

No

If yes, explain when and where.

Have you ever been convicted of a Felony?

No

If yes, explain when and where.

(please turn to next page)

BUSINESS REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)

1-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

2-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

3-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

PLEASE READ AND SIGN

When completed, please fax to 954-929-4161.

Signature:

Date: