



CABRAS MARINE CORPORATION

Tel: (671) 477-1818 • Fax: (671) 477-0299 • Website: www.cabtug.com

Cabras Marine Corporation is an Equal Opportunity Employer and Affirmative Action and will consider all qualified applicants for available positions without regard to race, color, sex, religion, age, national origin, disability, or veteran status. Advancement to positions of greater responsibility is based on an individual's demonstrated performance.

APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT CLEARLY. ANY OMISSION OF INFORMATION MAY DELAY IN PROCESSING OR DISQUALIFYING YOU FROM EMPLOYMENT. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

PERSONAL INFORMATION

Date of Application:		Position Applying For:	
Last Name:	First Name:	Middle Name:	
Street Address:			
Mailing Address:			
Home Phone #:	Cell Phone #:	Alternate Phone #:	
Email Address:			
Have you applied w/ us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been employed by Cabras before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any friends or relatives working for Cabras? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give their names: _____	
Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No Minor's Certificate Number:	Are you legally eligible to be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment.)		
Is there any information we need to know about your name, or use of another name, for us to be able to check your work record? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____			

EDUCATION

	Name of School City, State	Major Course of Study	Years Attended	Diploma, Degree Certificate	Graduate Y / N
High School			1 2 3 4		
College			1 2 3 4		
Graduate School			1 2 3 4		
Business or Trade School			1 2 3 4		
Other Program			1 2 3 4		

EMPLOYMENT & PERSONAL HISTORY

Desired Salary:	Date Available for Employment:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT EXPERIENCE: Begin with the most recent employer and account for any job-related military experience, self-employment and volunteer activities.

Employer:	Dates Employed:	Position:
Pay Rate:	Work Phone:	Name of Supervisor:
Address:		
Duties Performed:		
Reason for Leaving:		

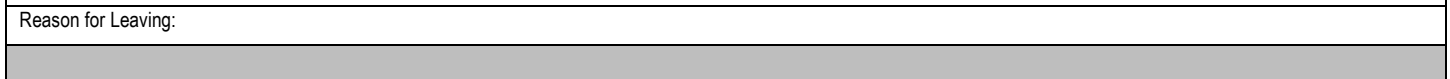


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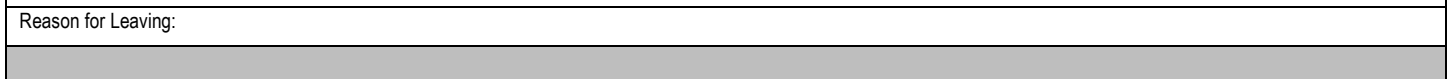
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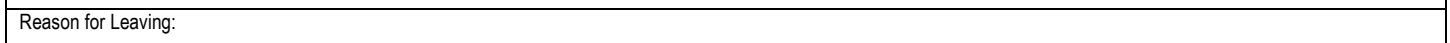
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Pay Rate:	Work Phone:	Name of Supervisor:
Address:		
Duties Performed:		
Reason for Leaving:		



PLEASE INDICATE AVAILABILITY TO WORK

Sunday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible
Monday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible
Tuesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible
Wednesday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible
Thursday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible
Friday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible
Saturday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Time: _____	<input type="checkbox"/> Flexible



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PLEASE EXPLAIN ANY UNEMPLOYMENT LONGER THAN THIRTY DAYS

PROFESSIONAL REFERENCES: Name people in your field with whom you have worked with and we have permission to contact.

Name	Company	Job Title	Contact Number(s)

U.S. MILITARY SERVICE

Branch of Service / Rank	Entry Date	Discharge Date / Type of Discharge	Occupational Specialty

HOW DID YOU HEAR ABOUT US?

Current Employee Newspaper Ad Recruiter Job Fair Other _____

APPLICANTS CERTIFICATION AND ACKNOWLEDGEMENT

I understand that Cabras Marine Corporation follows an "employment at will" policy, in that Cabras Marine Corporation may terminate my employment at any time or for any reason consistent with the applicable local or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President of this organization. I understand that this application is not a contract of employment. I understand that the federal laws require companies to employ only individuals who may legally work in the United States – either U.S. citizens, or foreign citizens who have the necessary authorization; failure to submit such proof will result in denial of employment.

I understand that the employer will investigate my work and personal history and verify all data given this application, on related papers, and in interviews. I authorize all individuals, schools and firms herein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that Cabras Marine Corporation has a Drug Free Workplace Policy which requires that upon conditional offer of employment, I agree to submit and pass a pre-employment drug test with "negative" results to qualify. Additionally, employees must comply with Cabras Marine Corporation's Drug Free Workplace and drug testing requirements for employment.

I understand that I will be required to take a Physical Examination upon offer of conditional employment to determine my fitness for duty and for continued employment. I agree and consent to take such test at such time designated by Cabras Marine Corporation and release Cabras Marine Corporation from any claim arising in connection with such tests.

I understand that the first six months of employment are probationary. I understand and agree that if hired my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice. I understand this application will be active for a period of 1 year; after that time, if I wish to be considered for employment, I must submit a new application.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Print Name:	Signature:	Date:
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Cabras Marine Corporation is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that applicants are under no obligation to respond. All responses will remain confidential within our Human Resources Department and will be used only for the necessary information to include in our Affirmative Action Program.

We are a company that values diversity and actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

PERSONAL INFORMATION	
Name:	Date:
Position Applying For:	
GENDER	OTHER
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Individual with Disabilities
RACE OR ETHNIC IDENTITY – This information is required in order to comply with Title VII of Executive Order 11246, Office of Federal Contract Compliance Programs' Rules and Regulations 41 CFR 60-1 (as amended for Affirmative Action Reporting Programs), and Executive Office of the President, Office of Management and Budget's (OMB) Directive Number 15.	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (Not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino)	
MILITARY SERVICE	
BRANCH: _____	SERVICE PERIOD: _____
Any job-related training in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____	
VETERAN STATUS: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Services Medal Veteran	
<input type="checkbox"/> I do not wish to Self-Identify	
Signature:	Date: