	OPERATIONAL PROCEDURES	Document No: RMG/FORM/HR-001	Page 1 of 5
	TITLE EMPLOYMENT APPLICATION	Revision No.: 01	Revision Date: 25 th Jul ' 13

RESOLVE MARINE GROUP APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

~ Resolve conducts a complete background check on every applicant, therefore please accurately and truthfully complete all forms as we do not wish to waste your time or our time ~

Position Applied For: _____

Name: _____ E-mail Address: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone No.: _____ Cellular Telephone No.: _____

Have you ever been employed here before? Yes No Have you filed an application here before? Yes No
 (If yes, when and at which location / job-site): _____

Are you on lay off and subject to recall? Yes No Can you travel if job requires it? Yes No

Date available for work _____ What is your desired salary range? _____

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

Will you work overtime? Yes No

How were you referred to us? _____

Provide the names of friends or relatives, who work with Resolve: _____

YOUR BACKGROUND

Are you a U.S. Citizen? Yes No


If you are not a U.S. Citizen you must provide current proof of eligibility to work in the United States.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No (If yes, you must explain all details below)

Have you ever been arrested? Yes No (If yes, you must explain all details below)

Conviction information will not necessarily exclude you from a position unless it is related to your job responsibilities are Resolve.

Explain: (Include dates, circumstances, outcome, etc.)

	OPERATIONAL PROCEDURES	Document No: RMG/FORM/HR-001	Page 2 of 5
	TITLE EMPLOYMENT APPLICATION	Revision No.: 01	Revision Date: 25 th Jul ' 13

YOUR EDUCATION

~ Provide copy of Diploma for each school as well as grade point average and transcript for College and Graduate School ~

HIGH SCHOOL

School Name: _____ Years Completed 1 2 3 4 (circle)

City / State: _____ Diploma? Yes No

Date you graduated: _____ Date you left school if you did not graduate: _____

COLLEGE

School Name: _____ Years Completed 1 2 3 4 (circle)

City / State: _____ Diploma? Yes No

Date you graduated: _____ Date you left school if you did not graduate: _____

GRADUATE SCHOOL

School Name: _____ Years Completed 1 2 3 4 (circle)

City / State: _____ Diploma? Yes No

Date you graduated: _____ Date you left school if you did not graduate: _____

TECHNICAL OR SPECIAL TRAINING


Describe any technical or special training you have received: (Include subject matter, length of training and whether or not completed)

Do you have experience in the following areas:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Internet | <input type="checkbox"/> MS Word | <input type="checkbox"/> MS Excel | <input type="checkbox"/> MS PowerPoint |
| <input type="checkbox"/> IBM / PC | <input type="checkbox"/> Other Word Processing System | <input type="checkbox"/> Other Spreadsheet System | <input type="checkbox"/> Other Presentation Application |
| <input type="checkbox"/> MS Office / Windows | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Please provide additional information on any other computer software, specialized equipment, and/or business machines you have operated:

Please provide information on heavy equipment training or experience you have taken:

	OPERATIONAL PROCEDURES	Document No: RMG/FORM/HR-001	Page 3 of 5
	TITLE EMPLOYMENT APPLICATION	Revision No.: 01	Revision Date: 25 th Jul ' 13

YOUR PREVIOUS WORK EXPERIENCE

List each job held. Start with your present or most recent job.

~ Resolve will contact your three most recent employers for reference information ~

Employer 1	Employed	Supervisor's Name/Job Title: _____
	From _____ Mo./Yr.	_____
Address	To _____ Mo./Yr.	Your Job Title: _____
Telephone		
Your Salary	Duties	
\$ <u>Start</u>	\$ <u>End</u>	

Reason for termination or separation: _____


Employer 2	Employed	Supervisor's Name/Job Title: _____
	From _____ Mo./Yr.	_____
Address	To _____ Mo./Yr.	Your Job Title: _____
Telephone		
Your Salary	Duties	
\$ <u>Start</u>	\$ <u>End</u>	

Reason for termination or separation: _____

Employer 3	Employed	Supervisor's Name/Job Title: _____
	From _____ Mo./Yr.	_____
Address	To _____ Mo./Yr.	Your Job Title: _____
Telephone		
Your Salary	Duties:	
\$ <u>Start</u>	\$ <u>End</u>	

Reason for termination or separation: _____

Employer 4	Employed	Supervisor's Name/Job Title: _____
	From _____ Mo./Yr.	_____
Address	To _____ Mo./Yr.	Your Job Title: _____
Telephone		
Your Salary	Duties:	
\$ <u>Start</u>	\$ <u>End</u>	

	OPERATIONAL PROCEDURES	Document No: RMG/FORM/HR-001	Page 4 of 5
	TITLE EMPLOYMENT APPLICATION	Revision No.: 01	Revision Date: 25 th Jul ' 13

Reason for termination or separation: _____

If unemployed at any time, please describe reasons for unemployment. _____

Have you ever been fired, discharged or forced to resign for misconduct or unsatisfactory performance? Yes No

If yes, please give details _____

Have you ever sued an employer? Yes No (If yes, provide details, i.e. reason, date, outcome): _____

Membership in Organization/Professional groups which, in your opinion, have a direct bearing on the position you are seeking. _____

Give any additional information which you feel may be helpful to us in considering your application. _____

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, in accordance with Florida Statute 443.131(3)(a)(2)if hired, I will be placed on a probationary period. I further understand that if I am terminated for unsatisfactory work performance within the probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. _____ (initials)

I understand and agree that any policies, procedures, or Guidelines of Resolve may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification or deletion; that policies and procedures are not intended to be a contract of employment nor do they give me any right of continued employment; and that my employment may be terminated at my option or at the option of this Company with or without notice by either party. I also understand that there are no other arrangements, agreements, or understanding regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing. _____ (initials)


I certify that all information given on this employment application, any resume that I submit to the Company, and any related employment papers and answers given during oral interviews are true and correct. I understand that this Company may make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by this Company during the course of such an investigation. I understand that if any information I have submitted is discovered to be false, I may be disqualified for employment and, if already employed, I may be subject to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation. _____ (initials)

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporation or organizations for furnishing such information about me. _____ (initials)

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. _____ (initials)

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. _____ (initials)

I understand that if my work performance is unsatisfactory during my probation period or at any time of my employment with Resolve that I am subject to termination. _____ (initials)

	OPERATIONAL PROCEDURES	Document No: RMG/FORM/HR-001	Page 5 of 5
	TITLE EMPLOYMENT APPLICATION	Revision No.: 01	Revision Date: 25 th Jul ' 13

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing statement.

Signature: _____

Date: _____

Crewing Manager: _____

Date: _____