

**The Englund Marine Group –
Englund Marine Supply Co., US Distributing, and Marine Wholesale
EMPLOYMENT APPLICATION**

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION:

Date: _____ Applying for what position?: _____

Full Time Part Time Temporary Referral Source _____

Name: _____

Street Address: _____ Phone: _____

City/State/Zip: _____

Are you legally able to work in the United States? Yes No If no, please explain

EDUCATION:

| Schools/Colleges Attended: | # Years | Degree |
|----------------------------|---------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SPECIAL SKILLS: Describe any special skills or qualifications for this work:

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

BUSINESS REFERENCES: Please provide individual and company names, position, addresses and phone numbers for 3 business references.

Contact Name: _____

Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

Contact Name: _____

Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

Contact Name: _____

Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

PERSONAL REFERENCES: Please provide names, addresses, phone numbers, relationship and how long known for 2 personal references.

Name: _____

Relationship: _____

Street Address: _____

How long: _____

City/State/Zip: _____ Phone: _____

Name: _____

Relationship: _____

Street Address: _____

How long: _____

City/State/Zip: _____ Phone: _____

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize Englund Marine Supply Co. dba MARINE WHOLESALE or U.S. DISTRIBUTING., to investigate any statement contained in this application, and to obtain a credit report on me (and my company if this application is for reselling by a company) as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations and policies of Englund Marine Supply Co.

Signed: _____

Date: _____

FOR _____ USE ONLY:

Arrange Interview: Yes No Date: _____ Place: _____

Remarks: _____

Approved: Yes No Date: _____

By: _____