Employment Application Office of Marine Operations PO Box 1000 Palisades, New York 10964 Tel. 845-365-8846 – Fax 845-359-6817

Please Print:

Name:		Phone:		Date:	
Physical Address:		Mailing Address	:	City/State/Zip:	
SSN: US Citizer		Yes /No	If no, Registration Alien registration Number: (attach copy)		
Passport: Yes/No	Passport No.	Expiration Date:	Issuing C	ountry:	
Position desired:	Alternate Po	sition:	Would you accept temporary work? Yes/No		
When available:					
Documents, Training, (Attach copies of all doc		ther licensed held/co	ompleted:		
Туре	Rating and Endorseme	nts	Issue Date	Expiration Date	
Licenses-USCG					
MMD-USCG					
STCW 95					
GMDSS Operator/Maintainer	r				
Basic Safety Training (BST)					
Advance Fire Fighting					
Advance Fire Fighting					
Medical					
Medical Rescue Boat					

Full Name Address/Telephone/Fax Address/Telephone/Fax Address/Telephone/Fax Occupation Yes/No Yes/No Figh School: College: List: Graduate Business, Maritime Employment Record (last employment first) Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Lea Lea Lea Lea Referral Source: Professional References: (for entry level position personal references may be substituted) Full Name Address/Telephone/Fax Occupation	Education:						
Comments: In the past 2 years have you been employed with a company that has a DOT Drug/Alcohol Testing Program in effect? Signature: In understand that Columbia University may request a consumer report on me. Upon request, Columbia University will provide the applicant when name and address of the consumer company, certify that the information I have given is true and correct to the best of my knowledge. I understand that the misrepresentation and/or withholding of information may be considered just cause for discharge.	Type of School	Name /Addre	ss of School	Major		Dates Attended	Degree
Employment Record (last employment first) Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name/Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name Address / Phone/fax Position Held Dates Salary Reason for Lea Employer's Name Address / Ph	High School:						
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Referral Source: Professional References: (for entry level position personal references may be substituted) Full Name Address/Telephone/Fax Occupation Comments: In the past 2 years have you been employed with a company that has a DOT Drug/Alcohol Testing Program in effect? Yes or No. Date: Signature: Signature: understand that Columbia University may request a consumer report on me. Upon request, Columbia University will provide the applicant when name and address of the consumer company. Certify that the information I have given is true and correct to the best of my knowledge. I understand that the misrepresentation and/or withholding of information may be considered just cause for discharge.	Employment Recor	d (last employme	ent first)				
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Revised 7/18/05

Interviewer's comments: