

Employment Application

R/V MAURICE EWING

Marine Operations
 Lamont-Doherty Earth Observatory of Columbia University
 Tel. 845-365-8846 Fax. 845-359-6817

Please Print

Name:		Phone:		Date:	
Address:			City/State/Zip:		
SSN:		US Citizen? Yes /No		If no, Alien Registration no.: (attach copy)	
Passport:	Is it Current? Yes/No	Passport No. (attach copy)		Country issued by:	Exp. Date:
Position desired:		Alternate Position desired:		When available:	
Would you accept temporary work?		Have you ever been convicted of a crime? (If yes, please explain on reverse)			

EDUCATION AND MARITIME TRAINING

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	MAJOR	DID YOU GRADUATE?		DATES ATTENDED		DEGREE
			YES	NO	FROM	TO	
HIGH SCHOOL:							
COLLEGE:							
LIST GRADUATE, BUSINESS:							

List Professional training, certification or other licenses held/completed

TYPE	RATING AND ENDORSEMENTS	ISSUE DATE	EXP. DATE
LICENSES			
U.S. Coast Guard			
MMD			
U.S. Coast Guard			
STCW 78			
(or)			
STCW 95			
GMDSS			
(Operator)			
GMDSS			
(maintainer)			
Other Training			
Firefighting, Medical			
Rescue boat, etc.			

Please Note: Attach Copies of All Licenses, Documents, Certificates and Training

EMPLOYMENT RECORD (Last employment first)

Employer's Name/Address	Position Held	Dates	Salary	Reason for leaving

What Maritime Organizations are you affiliated with:

Referral Source:

PROFESSIONAL REFERENCES

(for entry level position personal references may be substituted)

FULL NAME	ADDRESS/TELEPHONE	OCCUPATION

COMMENTS:

I understand that Columbia University may request a consumer report on me. Upon request, Columbia University will provide the applicant with the name and address of the consumer company.

I certify that the information I have given is true and correct to the best of my knowledge. I understand that misrepresentation and/or withholding of information may be considered just cause for discharge.

Date: _____

Signature: _____

Interviewer's comments:

Please sign here if you give us permission to forward your application to other institutions:

Date: _____

Signature: _____

NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and continued employment with the company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the personnel department of the Company and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

CONSENT TO OBTAINING CONSUMER REPORTS READ BEFORE SIGNING

I have read the “notice to applicants/employees regarding consumer reports” and hereby authorize the company to obtain consumer reports and/or investigative consumer reports as described. I understand that i have the right to make a written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address and telephone number of the consumer reporting agency.

I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, in order that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience or qualifications.

By my signature below, I acknowledge that I have read and understood all of the above statements.

Print Your Name:

Signature:

Date: