

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

Please Print:

<b>Name:</b> _____	<b>Phone:</b> _____	<b>Date:</b> _____
<b>Physical Address:</b> _____	<b>Mailing Address:</b> _____	<b>City/State/Zip:</b> _____
<b>SSN:</b> _____	<b>US Citizen: Yes/No</b> _____	<b>If no, Registration Alien registration Number: (attach copy)</b> _____
<b>Passport: Yes/No</b> _____	<b>Passport No.</b> _____	<b>Expiration Date:</b> _____
		<b>Issuing Country:</b> _____
<b>Position desired:</b> _____	<b>Alternate Position:</b> _____	<b>Would you accept temporary work? Yes/No</b> _____
<b>When available:</b> _____		

**Documents, Training, Certification or other licensed held/completed:**  
**(Attach copies of all documents)**

Type	Rating and Endorsements	Issue Date	Expiration Date
Licenses-USCG			
MMD-USCG			
STCW 95			
GMDSS Operator/Maintainer			
Basic Safety Training (BST)			
Advance Fire Fighting			
Medical			
Rescue Boat			
Other Training			

Have you ever been convicted of a crime? \_\_\_\_\_  
 If yes, please explain on reverse under comments.

What Maritime Organizations are you affiliated with? \_\_\_\_\_

---

**Education:**

---

Type of School	Name /Address of School	Major	Graduated? Yes/No	Dates Attended	Degree
High School:					
College:					
List: Graduate Business, Maritime					

---

**Employment Record (last employment first)**

---

Employer's Name/Address /Phone/fax	Position Held	Dates	Salary	Reason for Lea
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
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: \_\_\_\_\_

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 the misrepresentation and/or withholding of information may be considered just cause for discharge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Interviewer's comments: