

# Captain's Orders, Inc.

Phone 219-531-2278 Fax 219-531-2998

## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_\_ Phone(\_\_\_\_)\_\_\_\_\_

Last Name \_\_\_\_\_ Middle \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date Of Birth \_\_\_\_\_

U. S. Citizen? \_\_\_\_\_

Type Of Visa? \_\_\_\_\_ Alien Reg. No. \_\_\_\_\_

How Were You Referred To Captain's Orders, Inc. \_\_\_\_\_

Position Applying For? \_\_\_\_\_

Briefly State Reason For Interest In This Position And Captain's Orders, Inc.

\_\_\_\_\_  
\_\_\_\_\_

Willing To Travel? \_\_\_\_\_ How Soon Can You Start? \_\_\_\_\_

## EDUCATION

Attended From Mo/Yr	To Mo/Yr	Name/Address Of School	Major Courses Studied	Did You Graduate?	Degree Received	GPA
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\_\_\_\_\_  
Last High School Attended

\_\_\_\_\_  
College Or University

\_\_\_\_\_  
College Or University

## EDUCATION Continued

Attended From Mo/Yr	To Mo/Yr	Name/Address Of School	Major Courses Studied	Did You Graduate?	Degree Received	GPA
		Other School (Tech, Vocational Graduate) And Address				

List Any Scholarships, Academic Honors Or Special Achievements:

Extracurricular Activities:

## Occupational Skills

List All School Certificates Held:

- |    |     |
|----|-----|
| 1. | 7.  |
| 2. | 8.  |
| 3. | 9.  |
| 4. | 10. |
| 5. | 11. |
| 6. | 12. |

## Employment History

<b>Present Employer</b>		Phone Number	Salary Beginning End	Reason For Leaving
From Mo/Yr	To Mo/Yr	Name/Address Of Company		

Name/Title Of Supervisor \_\_\_\_\_

Title Of Your Position \_\_\_\_\_

Duties \_\_\_\_\_

<b>Previous Employer</b>		Phone Number	Salary Beginning End	Reason For Leaving
From Mo/Yr	To Mo/Yr	Name/Address Of Company		

Name/Title Of Supervisor \_\_\_\_\_

## Employment History Continued

Title Of Your Position \_\_\_\_\_

Duties \_\_\_\_\_

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**Previous  
Employer**

From Mo/Yr	To Mo/Yr	Name/Address Of Company	Phone Number	Salary Beginning End	Reason For Leaving
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\_\_\_\_\_

Name/Title Of Supervisor \_\_\_\_\_

Title Of Your Position \_\_\_\_\_

Duties \_\_\_\_\_

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**Previous  
Employer**

From Mo/Yr	To Mo/Yr	Name/Address Of Company	Phone Number	Salary Beginning End	Reason For Leaving
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\_\_\_\_\_

Name/Title Of Supervisor \_\_\_\_\_

Title Of Your Position \_\_\_\_\_

Duties \_\_\_\_\_

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**Previous  
Employer**

From Mo/Yr	To Mo/Yr	Name/Address Of Company	Phone Number	Salary Beginning End	Reason For Leaving
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\_\_\_\_\_

Name/Title Of Supervisor \_\_\_\_\_

Title Of Your Position \_\_\_\_\_

Duties \_\_\_\_\_

**Military Service**

<b>Entry</b> From Mo/Yr	<b>Release</b> To Mo/Yr	Name/Type/School	Course Taken	No. Of Months	Branch	Rank At Separation
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Military Occupation? \_\_\_\_\_ Rank? \_\_\_\_\_ No. Of Months? \_\_\_\_\_

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Member Of The Active Reserve Or National Guard? \_\_\_\_\_ How Often Do You Attend Meetings? \_\_\_\_\_

Date Commitment Ends \_\_\_\_\_

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**Supplemental Information**

What Foreign Languages Do You Speak? \_\_\_\_\_ Read? \_\_\_\_\_ Write? \_\_\_\_\_

Do You Have A Valid Drivers License? \_\_\_\_\_ State Issued \_\_\_\_\_ Exp'y Date \_\_\_\_\_ Restrictions? If None, So State. \_\_\_\_\_

Have You Ever Been Discharged For Misconduct Or Unsatisfactory Service Or Forced To Resign From Any Position? \_\_\_\_\_  
If Yes, Give Details

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Have You Been Convicted Of , Pleaded Guilty To, Fined Or Placed On Probation For The Violation Of Any Law, Government Regulation Or Ordinance? \_\_\_\_\_ If So, Provide Full Explanation. Existence Of A Criminal Record Does Not Constitute An Automatic Bar To Employment.

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Do You Have Any Impairments, Physical, Mental Or Medical Which Would Affect Your Ability To Perform The Job For Which You Have Applied? \_\_\_\_\_ If Yes Explain.

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Have You Ever Suffered Any Physical Injury? \_\_\_\_\_ If Yes, State When And The Nature Of Injury.

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Do You Have Any Impairment Of Speech, Hearing, Or Sight? If Yes, Please Describe.

**Applicant Certification And Agreement**

I HEREBY AFFIRM that all of the information entered by me on this form and on any other forms completed at the time of my application for employment is true and correct. I understand and agree that any misrepresentation or concealment of information, regardless of when it is discovered, will be sufficient grounds for dismissal from or refusal of employment.

I HEREBY AUTHORIZE Captain's Orders, Inc. to request, and also authorize and request each former employer, educational institution, and other persons or references listed, to furnish at any time, any information that may be sought concerning me or my work, habits, character or skill, or any other data required, whether in connection with my application for employment, for purposes of complying with surety company requirements, or for completion of required background investigations.

I UNDERSTAND THAT I must be physically and mentally fit to perform the work for which I have applied. I agree to submit to medical examinations(s) by physicians of the Company's selection and understand that if I fail to pass such examination(s), I will not be employed. I hereby authorize the Company's medical examiners to disclose to the Company any and all findings and conclusions arrived at during any such examination(s).

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

**THANK YOU FOR COMPLETING THIS APPLICATION; IT WILL REMAIN UNDER CONSIDERATION FOR SIX MONTHS. YOUR INTEREST IN CAPTAIN'S ORDERS, INC. IS APPRECIATED. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**