

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 |
|---------------------|----------|------------------------|-----------------------|-------------------|-----------------|-----|
|---------------------|----------|------------------------|-----------------------|-------------------|-----------------|-----|

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|-------|-------|-------|

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

| Present Employer | | 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 _____

| Previous Employer | | 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 _____

**Previous
Employer**

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

Name/Title Of Supervisor _____

Title Of Your Position _____

Duties _____

**Previous
Employer**

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

Name/Title Of Supervisor _____

Title Of Your Position _____

Duties _____

**Previous
Employer**

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

Name/Title Of Supervisor _____

Title Of Your Position _____

Duties _____

Military Service

| Entry From Mo/Yr | Release To Mo/Yr | Name/Type/School | Course Taken | No. Of Months | Branch | Rank At Separation |
|-------------------------------|-------------------------------|------------------|-----------------|------------------|--------|--------------------|
|-------------------------------|-------------------------------|------------------|-----------------|------------------|--------|--------------------|

Military Occupation? _____ Rank? _____ No. Of Months? _____

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

Date Commitment Ends _____

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

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.

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.

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

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.