

Corporate Office
Mailing : PO BOX 209
612 W. MAIN ST. UNIT 2
TILTON, NH 03276
PH: 603-286-7657
FAX: 603-286-7882



AMP

ADVANCED MARINE PRESERVATION

Florida Office
1901-D Hill Street
Jacksonville, FL 32207
PH:904-595-5045
FAX:904-853-5450

AMP is an equal opportunity employer and all information provided on this form will be kept in the strictest confidence.
Certain information (POB, DOB, SSN, Convictions, etc) is required for US Security Clearance purposes only.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

PHYSICAL ADDRESS: _____
STREET CITY STATE ZIP

Mailing Address if different: _____

PHONE NUMBER: _____ CELL PHONE NO: _____
AREA CODE + 7 DIGIT NUMBER AREA CODE + 7 DIGIT NO.

PLACE OF BIRTH: _____ DATE OF BIRTH: _____
CITY STATE MONTH/DAY/YEAR

SOCIAL SECURITY NUMBER: _____ EMAIL ADDRESS: _____

UNITED STATES CITIZEN? _____ YES NO _____
IF NO, WHERE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO _____ YES _____ EXPLAIN: _____

EDUCATION

LIST HIGHEST LEVEL
COMPLETED (GED, HS, College,
etc): _____ WHERE ATTENDED: _____

YEAR OF GRADUATION: _____ SUBJECTS STUDIED: _____

LIST SPECIAL SKILLS /
CERTIFICATIONS : (C3,C5,C7,QC,
NACE, etc)
Provide copies of all
certifications listed. _____

MILITARY SERVICE

BRANCH: _____ RANK: _____ Discharge: _____

CURRENT MEMBER GUARD OR RESERVES? _____ NO YES STATE: _____

EMPLOYMENT DESIRED POSITION: _____ STATE: _____

DATE YOU CAN START: _____

ARE YOU EMPLOYED NOW? _____ YES NO _____

CURRENT EMPLOYER: _____ HOW LONG? _____

HAVE YOU EVER WORKED FOR TSI BEFORE? _____ YES NO _____

WHEN? _____

EMPLOYMENT HISTORY

ARE YOU A UNION MEMBER? _____ YES DC/LOCAL _____ NO _____

CURRENT UNION LEVEL _____ JOURNEYMAN APPRENTICE LEVEL _____

FORMER EMPLOYERS:		NAME	ADDRESS
FROM:			
	SALARY	POSITION	Reason for Leaving
TO:			
		NAME	ADDRESS
FROM:			
	SALARY	POSITION	Reason for Leaving
TO:			

PHYSICAL RECORD

Do you have any physical limitations that prevent you from performing any work for which you are being considered? _____ NO YES _____

PLEASE DESCRIBE CONDITION: _____

EMERGENCY CONTACT: _____

NAME	Relation	PHONE NUMBER	ADDRESS

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ HIRED: _____ YES NO _____ PROJECT: _____

DATE: _____ REPORTING DATE: _____ SALARY / PER DIEM: _____

Corporate Office
612 W Main St
Tilton NH 03276
P: (603)286-3004
F: (603)286-7882



AMP

ADVANCED MARINE PRESERVATION

Florida Office
1901-D Hill St
P: (904)- 595-5045
F: (904)- 853-5450
gotoamp.com

VOLUNTARY IDENTIFICATION FOR AFFIRMATIVE ACTION PURPOSES

It is the policy of Advanced Marine Preservation to take affirmative action to assure that applicants are employed and that employees are treated during employment without regard to race, color, sex, age, religion, national origin or status as a veteran. Such action shall include employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training.

We are required to provide statistical information to the gender and ethnicity of applicants and employees to the various government agencies for which we work. To help us comply with these requirements we ask that you complete this Voluntary Identification for Affirmative Action Purposes form.

This information will be used only to comply with those governmental requirements. It will be maintained in the corporate office, separately from the Application for Employment. It will in no way affect your employment.

Your participation is voluntary. Your decision to participate or not will have no impact on your status.

Name: _____

Date: _____

Please Check One:

Participation: I agree to participate

I decline to participate

Position Applied For: Painter at _____ (Project Name)

Other

Gender: Male Female

Race / Ethnic Group: White (not Hispanic or Latino) American Indian / Alaskan Native

Black / African American Native Hawaiian / Pacific Islander

Hispanic / Latino (any race) Asian



AMP

ADVANCED MARINE PRESERVATION

SHIPYARD CLEARANCE

FULL NAME: _____

FIRST, MI, LAST

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

CITY/STATE

CITIZENSHIP: _____

IF OTHER THAN US:

A _____

SSN: _____ - _____ - _____

PHONE NUMBER: _____ - _____ - _____

EMAIL: _____

DRIVER'S LICENSE OR ID# _____ STATE: _____

POSITION: _____ CERTIFICATIONS: _____