

APPLICATION FORM

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Educational Background				
Education	Name and Location of School	Years Attended (mm/yy)	Date Graduated	Major/Degree
High School		From ____ / ____		
College/University		From ____ / ____		
Special Training or Courses		From ____ / ____		

Do you have any other skills or training?

Yes No If Yes, please explain:

Languages				
Languages	Speak	Read	Write	
English	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
Others	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor
	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor

How did you hear about Global Ship Services, Inc.? _____

Please list all items enclosed with this application _____

Please Read the Following carefully - It Is For Your Own Benefit

The Information provided in this application for placement is true, correct, and complete to the best of my knowledge. If placement is found, any misstatement or omission on fact on this application could result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer or Global Ship Services, Inc. to continue to employ me at anytime in the future. If employment is granted to me, I agree to abide by conditions set forth within the employer's contract including any company rules and regulations which are in effect. I understand that, at the discretion of Global Ship Services, Inc., information regarding my past employment, education and special skills, as well as my photograph, may be posted on the Global Ship Services, Inc. website. However, this information only can be viewed by potential employers. I understand also, that no personal information (i.e. address, contact numbers, date of birth, etc.) will be posted on the website. All documents submitted remain the property of Global Ship Services, Inc.

Your Signature

Date

For office use only

Interviewed by: _____ Date: _____ Contacted: _____

Comments: _____
