



Thunderbolt Marine Inc. offers equal employment opportunities to all persons without regard to race, color, religion, sex, age, national origin, disability and veteran status or any other legally protected status.

First Name	Middle Name	Last Name	Maiden Name
Address	Apt. No.	City	State Zip Code
Date of Application	Social Security Number	Home Phone	Alternate Phone

Person to contact in an emergency (name & telephone number)

Are you legally eligible to work in the United States? Yes ___ No ___ (Verification will be required)
 Are you over 18 years old ? Yes ___ No ___ Can you do shift work? Yes ___ No ___
 Can you travel outside the Savannah area? Yes ___ Occasionally ___ No ___
 Can you work ___ full time ___ part time? Availability Date _____
 Desired Position _____ Desired Salary _____
 Please list any relatives working for or any previous employment with TMI:

List all Specialized Skills:

Education

School Level	Name and Address	Years Attended	Diploma, Degree or Certificate	Major course of study

Military Service: Branch _____ From _____ To _____
 Highest Rank: _____ Special Training or experience _____



Previous Employment:

Name of previous/current employer		Phone Number ()	
Address:	City:	State:	Zip:
Job Title:	Starting Date:	Ending Date:	
Supervisor Name and Title		May we contact Your Supervisor Yes _____ No _____	
Description of Work/Duties:			
Starting Salary:	Ending Salary:	Reason for Leaving:	

Name of previous/current employer		Phone Number ()	
Address:	City:	State:	Zip:
Job Title:	Starting Date:	Ending Date:	
Supervisor Name and Title		May we contact Your Supervisor Yes _____ No _____	
Description of Work/Duties:			
Starting Salary:	Ending Salary:	Reason for Leaving:	

Name of previous/current employer		Phone Number ()	
Address:	City:	State:	Zip:
Job Title:	Starting Date:	Ending Date:	
Supervisor Name and Title		May we contact Your Supervisor Yes _____ No _____	
Description of Work/Duties:			
Starting Salary:	Ending Salary:	Reason for Leaving:	

References:

Name	Address	Phone Number	Years Acquainted



Do you have an email address (optional)? _____

Have you ever been convicted of a felony? Yes _____ No _____

(Conviction will not be an absolute bar to employment)

If Yes, please explain: _____

Additional Comments about employment: _____

The information I have given in this application is true and correct to the best of my knowledge and is subject to validation by TMI. I understand that any false statements, misrepresentations or omissions on this application may justify refusal or termination of employment.

I understand and agree that, if hired, my employment is at-will meaning that my employment, pay and benefits may be terminated at any time by TMI or me without any prior notice and for any or no reason. I understand that no one other than the President or General Manager of TMI has any authority to enter into any agreement for employment for any specified period of time.

TMI's policy is to maintain a safe, healthy and productive work environment for all employees. Pursuant to this policy, TMI requires candidates for employment to pass a drug/alcohol-screening test covering illegal substances and legal substances subject to abuse. TMI requires all newly hired employees to submit to a urine and/or blood test and to sign a consent and release statement. Refusal or positive test results will result in disqualification for employment. If hired, employees may also be asked to submit to drug testing in accordance with TMI policy.

I also understand that any employment offer is contingent upon my providing within three (3) days of employment valid proof of identity and eligibility to work in the U.S. in compliance with the Immigration Reform and Control Act of 1986.

I understand that employment in certain positions with TMI require that employees undergo one or more background investigations, including, but not limited to checking for any references, criminal convictions, checking motor vehicle record and credit. I authorize individuals, schools and employers listed above to provide TMI and its authorized agent with any information that TMI requires to make an employment decision. I release all persons and organizations from liability for any damage for issuing this information or using this information when making employment decisions.

Applicant Signature

Date