



Application for Employment

Atlantic Container Line is an Equal Employment Opportunity Employer committed to excellence. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT: Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume").

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:
Street Address:		City, State & Zip:
Home Phone:	Work Phone:	Cell/Other Phone:
Email Address:		
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Available Start Date:
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you presently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of the position for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)
Have you ever been employed by Atlantic Container Line?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:
Do you have any relatives or friends who work for the Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?
If <u>required</u> for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:
How did you learn about this employment opportunity?		

EDUCATION:

Name of School	City/State	Did you graduate?	Course of Study	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
List academic honors, extracurricular activities, offices held, etc. in high school or college:					

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE: Please detail your work history for the past ten years. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.”

Dates Employed (Most recent employer) From: To Is this your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wks.:	Title:
Organization Name and Address:	Reason for Leaving:	
Supervisor’s Name, Title and Phone #:	Other Reference Name, Title and Phone #:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary duties:		

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Organization Name and Address:	Reason for Leaving:	
Supervisor’s Name, Title and Phone #:	Other Reference Name, Title and Phone #:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary duties:		

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Organization Name and Address:	Reason for Leaving:	
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary duties:		

APPLICANT'S CERTIFICATION AND AGREEMENT: I hereby certify that the fact set forth in the above employment application are true and complete to the best of my knowledge and authorize Atlantic Container Line to verify their accuracy and to obtain reference information on my work performance. I hereby release Atlantic Container Line from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Atlantic Container Line. However, I further understand that neither the policies, rules and regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Applicant Signature: _____ Date: _____