



Wilcox Diving
32671 Sandpiper Drive
Orange Beach, AL 36561

Application for Employment

Wilcox Diving policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Position Applying for:			
Date:		Social Security #:	
Last name:		First name:	M
Street:	City	State	ZIP
Telephone		Mobile	
Business		Email	
Position applied		When can you start?	
How did you hear about us?		Desired Wage \$	

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you over the age of 18? Yes No Do you have reliable transportation to and from work? Yes No

Do you have a valid driver's license? Yes No Are you over the age of 18? Yes No

Do you have your own a hat and personal diving equipment? Yes No If "No" then explain _____ Is your physical and CPR training up to date? Yes No If "No" then explain _____

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes No If yes, please explain _____

Are you looking for full-time employment? Yes No If no, what hours are you available? _____

Are you willing to work weekends? Yes No Are you willing to work out of town? Yes No

Have you ever been convicted of a felony? (This will not necessarily affect your application.) Yes No

If yes, please describe conditions.

Education	School Name	Location	Year	Major	Did you graduate?
High School					Yes / No
College					Yes / No
College					Yes / No
Post-College					Yes / No
Other Training					Yes / No

Military Experiences	Were or are you in the Armed Forces?	Yes / No
Dates of Duty Served	From:	To:
Rank at separation		
Briefly describe your duties		

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

Employment History (Start with most recent employer)

Company Name:			
Address:		Telephone:	
Position:	Rate of Pay:	Supervisor:	May we contact: Yes/ No
Employed From: / (mo/yr) To: / (mo/yr)		Reason for leaving:	
Responsibilities:			

Company Name:			
Address:		Telephone:	
Position:	Rate of Pay:	Supervisor:	May we contact: Yes/ No
Employed From: / (mo/yr) To: / (mo/yr)		Reason for leaving:	
Responsibilities:			

Company Name:			
Address:		Telephone:	
Position:	Rate of Pay:	Supervisor:	May we contact: Yes/ No
Employed From: / (mo/yr) To: / (mo/yr)		Reason for leaving:	
Responsibilities:			

Person to be notified in the case of an emergency:

Name: _____ Relation: _____

Phone #: work _____ mobile _____ Address: _____

Attach additional information if necessary.

I certify that I do not currently have a confidentiality agreement signed with a previous employer.

Signature _____ Date _____

Agreement (Please read the following statements carefully and sign below) I hereby affirm that the information provided on this application (or accompanying resume, if any), is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official, other than the President of the Company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature _____ Date _____

NOTICE TO ALL DRIVERS OF WILCOX DIVING VEHICLES

Insurability is a prerequisite for hiring and your driving record will be checked by our insurance carrier. If your record is rejected by our insurance carrier, you will be dismissed immediately. Please be aware that ANY VIOLATION YOU HAVE ON YOUR DRIVING RECORD WILL BE CONSIDERED IN THE INSURABILITY REVIEW.

Please be advised that any driver is subject to immediate termination if he/she becomes uninsurable with our insurance carrier due to traffic violations, irrespective of fault, whether on or off the job during the course of employment.

Signature _____ Date _____