



# MARINE MILITARY ACADEMY

320 Iwo Jima Blvd; Harlingen, TX 78550

## General Employment Application Form

We are an equal opportunity employer

### PERSONAL DETAILS

Position(s) Applying:		Date of Application:			
Are you available to work:		Desired salary range:			
Name of Applicant:					
Social Security No. (optional):		Date of Birth:			
Current Address:					
City:		State:		Zip:	
Phone Number:		E-mail Address:			
Best time to contact you is:					
Where are you currently employed?					
May we contact your present employer?					
Have you applied with us before?					
Have you been employed here before?					
Do any friends or relatives work here? If yes, who and their relationship to you?					
If you are under 18 years of age, can you provide required proof of your eligibility to work?					
Are you currently prevented from lawfully becoming employed because of Visa or Immigration Status?					
Can you travel if a job requires it?					

## EDUCATIONAL BACKGROUND

Highest Degree Completed:    None    High School    Bachelors    Masters    Doctorate			
Schooling	Name and Address of School	Number Of Years Completed	Diploma, Degree/Major
High School			
Undergraduate College			
Graduate Professional			
Other			

## KNOWLEDGE, SKILLS, AND ABILITIES

Describe any specialized training, apprenticeship, skills, and extra-curricular activities. Include job related military training and computer skills or software you have used.

## ORGANIZATIONS AND ACTIVITIES

List professional, trade, business, or civic activities and offices held.

## Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer			
Job Title		Salary: Starting	Ending
Work Performed			
Dates Employed			
Employer Address			
Telephone Number		E-mail Address	
Supervisor		May We Contact?	
Reason for Leaving			
Employer			
Job Title		Salary: Starting	Ending
Work Performed			
Dates Employed			
Employer Address			
Telephone Number		E-mail Address	
Supervisor		May We Contact?	
Reason for Leaving			
Employer			
Job Title		Salary: Starting	Ending
Work Performed			
Dates Employed			
Employer Address			
Telephone Number		E-mail Address	
Supervisor		May We Contact?	
Reason for Leaving			
Employer			
Job Title		Salary: Starting	Ending
Work Performed			
Dates Employed			
Employer Address			
Telephone Number		E-mail Address	
Supervisor		May We Contact?	
Reason for Leaving			

## COMMENTS

Include explanation of any gaps in employment.

REFERENCES		
Name	Occupation	Phone Number

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at well" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by any authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicants Signature:

Date:

