

**MAINE MARITIME ACADEMY**  
**CASTINE, MAINE 04420**  
**(207) 326-4311**

**EEO Statement**

Prospective employees will receive consideration without discrimination based on race, color, marital status, sex, religion, gender, age, sexual orientation, veteran status, national origin, genetic information, or physical or mental disabilities.

**APPLICATION FOR EMPLOYMENT**

Return this application to the MMA Human Resource Office only.

**PERSONAL**

Last Name	First Name	Date
Street Address		Do not write in this space
City, State, Zip		
Email Address	Telephone #	
Position(s) Applied For		
Where did you learn of this opening?		
Are you legally eligible for employment in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you now or will you in the future require employer sponsorship or action for employment visa status? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you had any criminal convictions within the last 7 years? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain. (Please note, this information will be kept confidential and will only be given consideration if the offenses are related to the particular job for which you are applying.)		
Have you applied to Maine Maritime Academy in the past? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please list position(s) for which you applied.		
Other special training or skills (languages, machine operation, etc.)		

**EDUCATION**

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business/Trade/ Technical				Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Names of relatives working for MMA and their relationship to you:

Employee: \_\_\_\_\_ Relationship: \_\_\_\_\_





AUTHORIZATION FOR RELEASE OF INFORMATION AND  
WAIVER OF LIABILITY FOR EMPLOYMENT REFERENCES

I hereby authorize any and all individuals who are familiar with my employment history and work performance to provide information to my prospective employer pertaining to my employment.

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my employment history and work performance insofar as the information is released solely to employers who are evaluating my suitability for employment.

This authorization shall remain valid until I submit a written request to rescind same. I hereby release the Maine Maritime Academy, and its officers and employees from any claims, damages or liabilities of any kind, that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, arising from the employment reference as contemplated by this authorization. I have read the above, understand its contents, and voluntarily agree to its terms.

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please sign, scan and return to [personnel@mma.edu](mailto:personnel@mma.edu) or fax to (207) 326-2134