

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 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: _____

<h1>Employment</h1>	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
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1	Company Name	Telephone
	Address	Employed – (State month and year) From _____ To _____
	Name of Supervisor	Reason for leaving
	State Job Title and Describe Your Work:	

2	Company Name	Telephone
	Address	Employed – (State month and year) From _____ To _____
	Name of Supervisor	Reason for leaving
	State Job Title and Describe Your Work:	

3	Company Name	Telephone
	Address	Employed – (State month and year) From _____ To _____
	Name of Supervisor	Reason for leaving
	State Job Title and Describe Your Work:	

4	Company Name	Telephone
	Address	Employed – (State month and year) From _____ To _____
	Name of Supervisor	Reason for leaving
	State Job Title and Describe Your Work:	

If there is anyone in addition to the supervisors identified above who we should contact concerning your past work or Academic performance, please list here:

Signature*

I certify that the information provided in this Application for Employment is true, correct, and complete. I understand that if employed, any misstatement or omission of fact on this application may result in my dismissal.	
Date: _____	Signature: _____

*Must be signed and dated by hand or signed electronically using an electronic signature verification service. Electronic signatures, to include images of hand-written signature, will not be accepted unless so verified.



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 or fax to (207) 326-2134