

P. O. Box 112
Providence Forge, Va. 23140

Phone: (804) 966-5459
Fax: (804) 966-5888



Application for Employment – Office

Date: _____ Position Applying For: _____

Name: _____ Home Phone: _____

Cell Phone: _____

Address: _____
Street City State Zip

Social Security Number: _____

How were you referred to Atlantic Bulk Carrier Corporation? _____

Have you previously applied to Atlantic Bulk? _____ If yes, when? _____

Expected Salary _____

Are you eligible for employment in the United States? _____

Have you ever been arrested for a felony offense? _____ If yes, please explain in
detail: _____

Have you ever been arrested for a misdemeanor offense involving theft? _____ If
yes, please explain in detail: _____

Who is the person to notify in the event of an emergency?

Name: _____ Phone: _____

Address: _____
Street City State Zip

Education: Include highest level completed and average grade

High School Name: _____ Highest Level Completed: 9 10 11 12

Address: _____
Street City State Zip

Average Grade or GPA: _____

College Name: _____ Highest Level Completed: 13 14 15 16

Address: _____
Street City State Zip

Average Grade or GPA: _____

Other School Name: _____ Program Completed: _____

Address: _____
Street City State Zip

Average Grade or GPA: _____

Continue on reverse, if necessary.

Employment History: Include your four previous employers to include present or immediate past employer.

Employer's Name: _____

Address: _____
Street City State Zip

Employment Dates – From: _____ To: _____

Supervisor's Name: _____ Job Title: _____

Reason for Leaving: _____

Employer's Name: _____

Address: _____
Street City State Zip

Employment Dates – From: _____ To: _____

Supervisor's Name: _____ Job Title: _____

Reason for Leaving: _____

Employer's Name: _____

Address: _____
Street City State Zip

Employment Dates – From: _____ To: _____

Supervisor's Name: _____ Job Title: _____

Reason for Leaving: _____

Employer's Name: _____

Address: _____
Street City State Zip

Employment Dates – From: _____ To: _____

Supervisor's Name: _____ Job Title: _____

Reason for Leaving: _____

References: Please list two references other than relatives.

Name: _____ Phone: _____

Address: _____
Street City State Zip

Name: _____ Phone: _____

Address: _____
Street City State Zip

I authorize Atlantic Bulk Carrier Corporation to investigate any or all statements and information contained on this application. I authorized Atlantic Bulk to contact all employers and references. I authorize Atlantic Bulk to conduct background and credit checks, as it deems necessary. I am aware that Atlantic Bulk conducts pre-employment drug screening. I understand false or misleading information provided in this application may be cause for dismissal.

Signature: _____ Date: _____

Printed Name: _____

Social Security Number: _____