

RJ GORMAN COMPANIES

1944 Frankford Ave., Panama City, FL 32405 ♦ 850-769-7747 ♦ apply@rjgormanmarine.com

RJ Gorman Marine Construction, LLC and RJ Gorman Contracting, LLC (each and all referred to herein as "Gorman") are equal opportunity employers and do not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, gender, marital status, national origin, disability, veteran status, or any other classification protected by federal, state, or local law, and provides any and all reasonable accommodations required by law.

Gorman is a Drug Free Workplace and it is a condition of employment with Gorman to refrain from possessing, selling, soliciting, transferring, producing, distributing, dispensing, and/or using illicit drugs. Gorman has implemented drug-testing programs to enforce this policy.

Name				Date of application		
Address	LAST	FIRST	MIDDLE City	State	Zip	
Telephone			Email			

1. GENERAL INFORMATION:

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation?

DATE YOU CAN BEGIN WORK: _____/___/

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) \Box YES \Box NO If yes, please explain:

2. EDUCATION AND TRAINING:

Circle last grade completed Grade: 1 2 3 4 5 6 7 8 9 10 11	12 College: 1 2 3 4	Masters: Doc	torate:
Name/Address of School	Major Course Studied	Graduated or Degree (Yes or No)	Average Grade
Last High School Attended School Name:			
College or University 1 School Name: School Address:			
College or University 2 School Name: School Address:			
College or University/Other School (Technical, Vocational, Graduate, etc.) School Name: School Address:			
List any scholarships, academic honors, awards, or special achievement	S:	·	

3. SKILLS:

Please list any skills you ha	ave that are approp	riate for the	e position you a	re applying for:		
If required, will you work?						
	Rotating Shifts:	□ YES		Saturdays:	□ YES	
	Overtime:			Sundays:		
Position being applied for	(please be specific	:):				
Salary Requirements: \$			□ per hour	□ per month	ı	
State fully why you believe	you are qualified	for this pos	sition:			
INTERESTS / ACCOMPLI	SHMENTS: You	may wish t	o list significant	experience ir	nterests an	d/or accomplishments gained
	er or as a hobbyis	st that may	be useful in th			king. Names or organizations

Please include the name and telephone number of any business/work references who are not related to you and are familiar with your work.

Name	Reference's Position or Title	Relationship	Phone Number	Number of Years Known

*In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

4. EMPLOYMENT HISTORY:

STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER:

Starting with your PRESENT or MOST RECENT EMPLOYER, please list in consecutive order ALL EMPLOYMENT for at least your past FOUR EMPLOYERS, including military and self-employment if applicable.

If currently employed, may we contact your employer? UYES UNO

1				SALARY	EMPLOYED DATES
FULL NAME OF COMPANY		(AREA CODE) TELEP	HONE NO.	Begin:	From:
STREET ADDRESS	CITY	STATE	ZIP	End:	(Month/Year) To:
NAME & TITLE OF SUPERVISOR		POSITION/TITLE HELD		REASON(S) F	(Month/Year) OR LEAVING:
LIST JOBS HELD, DUTIES PERFORMED, SKILL	S USED, & PROMO	OTIONS WHILE EMPLOYED	AT THIS COMPANY:		
· · ·					
2				SALARY	EMPLOYED
FULL NAME OF COMPANY		(AREA CODE) TELEP	HONE NO.	Begin:	DATES From:
					(Month/Year) To:
STREET ADDRESS	CITY	STATE	ZIP	End: 	-
NAME & TITLE OF SUPERVISOR		POSITION/TITLE HELD		REASON(S) F	(Month/Year)
LIST JOBS HELD, DUTIES PERFORMED, SKILL	S USED, & PROMO	OTIONS WHILE EMPLOYED	AT THIS COMPANY:		
		·····			
3				SALARY	EMPLOYED
FULL NAME OF COMPANY		(AREA CODE) TELEP	HONE NO.	Begin:	DATES From:
		, , , , , , , , , , , , , , , , , , ,			(Month/Year)
STREET ADDRESS	CITY	STATE	ZIP	End:	То:
NAME & TITLE OF SUPERVISOR		POSITION/TITLE HELD		REASON(S) F	(Month/Year) OR LEAVING:
LIST JOBS HELD, DUTIES PERFORMED, SKILL	S USED & PROMO		AT THIS COMPANY		
4				SALARY	EMPLOYED
				Begin:	DATES From:
FULL NAME OF COMPANY		(AREA CODE) TELEP	HONE NO.		(Month/Year)
STREET ADDRESS	CITY	STATE	ZIP	End:	To:
					(Month/Year)
NAME & TITLE OF SUPERVISOR		POSITION/TITLE HELD		REASON(S) F	OR LEAVING:
LIST JOBS HELD, DUTIES PERFORMED, SKILL	S USED, & PROMO	DTIONS WHILE EMPLOYED	AT THIS COMPANY:		

PLEASE READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize all schools, colleges, universities, educational programs, previous employers, and/or references listed in this application to give Gorman any and all information concerning my previous performance, record, employment, and/or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to Gorman. I hereby authorize Gorman to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Gorman will utilize an outside firm to assist in checking such information, and I specifically authorize such an investigation by information services and/or any outside entities of Gorman's choice and agree to sign any additional consent and authorization forms required. I also understand that I may withhold my permission and that in such case, no investigation will be done, and my application for employment will not be processed further.

I understand and agree that should an employment offer be extended to me and I accept any such offer, I will fully adhere to the policies, rules and regulations of employment of Gorman. However, I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will, and that either I or Gorman may terminate my employment at any time with or without notice or cause.

Signature _____

_Date___

**Completed applications can be emailed to <u>apply@rjgormanmarine.com</u>, or can be submitted to Gorman, Attn: Employment Applications,1944 Frankford Ave., Panama City, FL 32405 (either by mail or in-person).



Voluntary EEO Survey

Name: _____ Date: _____

We consider applicants for all positions without regard to race, color, creed, sex, national origin, religion, age, marital status, genetic information status, pregnancy, disability, veteran status, sexual orientation, gender identification, transgender, or any other legally protected class. The information requested on this form is collected by the company to comply with the Affirmative Action and Equal Employment Opportunity and other federal laws and regulations. This information is considered confidential and will not be a part of your official application for employment. This information is voluntary and will be kept confidential. Refusal to provide this information will not subject you to any adverse treatment or loss of employment opportunity.

Position title for which you are applying:

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Sex:	Male	Female	Other:	Date of birth:
Citizen	ship: _	US Citizen	Resident Foreign National	Non-Resident Foreign National
Race (C	Check only	One):		
H	ispanic or l	_atino		
W	'hite			
Bl	ack or Afric	an American		
N	ative Hawa	iian or Other Pacif	ic Islander	
Ar	merican Inc	lian or Alaska Nati	ive	
As	sian			
Tv	vo or more	races		

Veteran Status: Which Applies to You?

- _____ Disabled Veteran: A Veteran entitled to compensation for disability rated at 30% or more, or a person who is discharged or released from active duty because of a service-connected disability.
- _____ Recently Separated Veteran: A Veteran who served on active duty in the US military, ground, naval, or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.
- Active-Duty Wartime or Campaign Badge Veteran: A Veteran who served on active duty in the US military, ground, naval, or air service during war or in a campaign or expedition for which a campaign badge has been authorized by the Department of Defense.
- _____Armed Forces Service Medal Veteran: A Veteran who, while serving on active duty in the US military, ground, naval, or air service, participated in the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- _____I am a protected veteran, but I choose not to self-identify the classification to which I belong.
- ____I am NOT a protected veteran.

To qualify as a Disabled Individual, you must:

- 1. Have a physical or mental impairment which substantially limits one or more life activities (including employment);
- 2. Have a record of such impairment; or
- 3. Be regarded as having such an impairment.

Do you qualify as such an individual? _____ Yes _____No