

AMBYTH SHIPPING & TRADING, INC.
EMPLOYMENT APPLICATION
"We are an Equal Opportunity Employer"



AMBYTH USE ONLY

Date Received:	
Time Received:	
Received by:	

PRINT IN BLACK OR TYPE: These instructions must be followed exactly. Fill out application form completely. If question are not applicable, enter "NA" **Do not leave questions blank.** Be sure to sign when completed. Ambyth Shipping & Trading, Inc. is an Equal Employment Opportunity company and does not discriminate on the basis of race, color, national origin, sex, religion, age, genetic information, or disability in employment or the profession of services. You may make copies of this application and enter different positions titles, but each copy must be signed. Resumes will not be accepted in lieu of applications. This application becomes the property of Ambyth Shipping & Trading, Inc. and is subject to disclosure. You may have the right to ask to correct any information that is determined to be incorrect. If offered employment with Ambyth Shipping & Trading, Inc., you will be required to provide proof of identity and eligibility for employment in the United States as required by the Department of Homeland Security, U.S. Citizenship and Immigration Services.

GENERAL INFORMATION

NAME: _____			
Last	First	Middle	
MAILING ADDRESS: _____			
P.O. BOX No./Street	City	State	Zip Code
()	()	()	()
Daytime Phone	Evening Phone	Work Phone (Optional)	Alternate Phone
E-MAIL ADDRESS: _____			

POSITION INFORMATION

POSITION APPLIED FOR: _____	SALARY DESIRED: _____				
DATE AVAILABLE: _____	HOURS AVAILABLE: _____				
FULL TIME	PART TIME	TEMPORARY	SEASONAL		
Are you at least 18 years of age?	YES	NO	If under 18, do you have a work permit?	YES	NO
Have you been employed with Ambyth Shipping and Trading, Inc. ?	YES	NO			
If so, please provide dates you worked at Ambyth Shipping & Trading, Inc.: _____					
Do you have a Chauffeurs Driver's License?	YES	NO	Driver's License Endorsements: _____		

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EMPLOYMENT HISTORY: List all employers for the last 10 years, starting with your current employer. All information must be completed. You may attach a resume, but not in place of completing the required information.

A. Name of Employer/Mailing Address:			From: (Month / Year)	
			To: (Month / Year)	
Position Title:	Immediate Supervisor:	Telephone Number:	Email Address:	
Duties and Responsibilities				
Hours Per Week		Last Salary		
Reason for Leaving			May we contact your employer?	
			Yes	No
Type of Employment:	Technical	Non-Managerial	Supervisory/Managerial	
B. Name of Employer/Mailing Address:			From: (Month / Year)	
			To: (Month / Year)	
Position Title:	Immediate Supervisor:	Telephone Number:	Email Address:	
Duties and Responsibilities				
Hours Per Week		Last Salary		
Reason for Leaving			May we contact your employer?	
			Yes	No
Type of Employment:	Technical	Non-Managerial	Supervisory/Managerial	
C. Name of Employer/Mailing Address:			From: (Month / Year)	
			To: (Month / Year)	
Position Title:	Immediate Supervisor:	Telephone Number:	Email Address:	
Duties and Responsibilities				
Hours Per Week		Last Salary		
Reason for Leaving			May we contact your employer?	
			Yes	No
Type of Employment:	Technical	Non-Managerial	Supervisory/Managerial	

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EMPLOYMENT HISTORY CONTINUED:

D. Name of Employer/Mailing Address:		From: (Month / Year)	
		To: (Month / Year)	
Position Title:	Immediate Supervisor:	Telephone Number:	Email Address:
Duties and Responsibilities			
Hours Per Week		Last Salary	
Reason for Leaving		May we contact your employer?	
		Yes	No
Type of Employment:	Technical	Non-Managerial	Supervisory/Managerial
E. Name of Employer/Mailing Address:		From: (Month / Year)	
		To: (Month / Year)	
Position Title:	Immediate Supervisor:	Telephone Number:	Email Address:
Duties and Responsibilities			
Hours Per Week		Last Salary	
Reason for Leaving		May we contact your employer?	
		Yes	No
Type of Employment:	Technical	Non-Managerial	Supervisory/Managerial
F. Name of Employer/Mailing Address:		From: (Month / Year)	
		To: (Month / Year)	
Position Title:	Immediate Supervisor:	Telephone Number:	Email Address:
Duties and Responsibilities			
Hours Per Week		Last Salary	
Reason for Leaving		May we contact your employer?	
		Yes	No
Type of Employment:	Technical	Non-Managerial	Supervisory/Managerial

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REFERENCES: List four personal references who are not relatives or former supervisors.

NAME	TELEPHONE CONTACT	ADDRESS	NUMBER OF YEARS KNOWN

APPLICANT STATEMENT

I, _____, hereby certify that all statements made on this
 (PRINT NAME)

application are true, complete, and correct to the best of my knowledge. I understand that any false or dishonest answer to any question on this form may be grounds for rating me ineligible for the position or rescind employment offer or for dismissing me after an appointment. I hereby authorize Ambyth Shipping & Trading, Inc. to conduct an investigation of my personal, educational, financial and I authorize any former employer and any other person, firm, corporation, institution or government agency to give Ambyth Shipping & Trading, Inc. any information they may have about me. In consideration of Ambyth Shipping & Trading, Inc.'s review of my application for employment, I release the Ambyth Shipping & Trading, Inc. and all providers of information from liability as a result of furnishing or receiving this information.

 SIGNATURE OF APPLICANT
 (Sign in blue/black ink)

 DATE

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EMPLOYER RELEASE FORM

I, _____, authorize Ambyth Shipping & Trading, Inc. to conduct an investigation of my personal, educational, financial, or employment history and I authorize any former employer and any other person, firm, corporation, institution or government agency to give Ambyth Shipping & Trading, Inc. any information they may have about me. In consideration of Ambyth Shipping & Trading, Inc.'s review of my application for employment, I release Ambyth Shipping & Trading, Inc. and all providers of information from liability as a result of furnishing or receiving this information.

 SIGNATURE OF APPLICANT
 (Sign in blue/black ink)

 DATE

EMPLOYER USE ONLY BELOW

NAME OF EMPLOYER:			
DATE OF EMPLOYMENT:		SALARY RATE:	
LAST POSITION HELD:			
REASON FOR LEAVING:			
SUBJECT FOR RE-HIRE:	YES	NO	
IF NO, PLEASE EXPLAIN:			
HOW WOULD YOUR RATE THE ABOVE PERSON? (Please Mark appropriate box)			
COOPERATION	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
		Satisfactory	<input type="checkbox"/>
		Fair	<input type="checkbox"/>
		Unsatisfactory	<input type="checkbox"/>
JOB KNOWLEDGE	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
		Satisfactory	<input type="checkbox"/>
		Fair	<input type="checkbox"/>
		Unsatisfactory	<input type="checkbox"/>
QUALITY OF WORK	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
		Satisfactory	<input type="checkbox"/>
		Fair	<input type="checkbox"/>
		Unsatisfactory	<input type="checkbox"/>
ATTENDANCE	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
		Satisfactory	<input type="checkbox"/>
		Fair	<input type="checkbox"/>
		Unsatisfactory	<input type="checkbox"/>
Authorized Signature		Print Name:	
Position Title:		Date:	

PLEASE FAX TO OUR OFFICE AT **671-646-5811**, **ATTN: HUMAN RESOURCES** or you may email to hr@ambyth.com.

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Voluntary Data Records Survey

The purpose of this form is to monitor the Affirmative Action and Equal Employment Opportunity representation within our diverse community. We are seeking your assistance to help us in this effort by accurately completing this form. *Your* cooperation is completely **voluntary**. The information is for data purposes only and will be maintained in a confidential file, separate from your application. It will not be used to make decisions regarding your application for employment. **This form is to be completed voluntarily and failure to do so will not have an effect on the application process.** AMBYTH SHIPPING & TRADING, INC. is an Equal Employment Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex (sexual harassment and orientation), national origin, age, disability, sex (wages), genetics, marital status, political affiliation, or retaliation, except for positions requiring a bona fide occupational qualification(s).

POSITION APPLIED FOR:

DATE:

CITIZENSHIP

U.S. Citizen

Republic of Marshall Islands

U.S. Permanent Resident

Republic or Palau

Federal States of Micronesia

Other _____

SEX:

Male

Female

MARITAL STATUS:

Single

Married

Divorced

Widow

AGE:

17 years and below

18 years to 39 years

40 years and above

Part 1: Ethnicity: What is this person's ethnicity? Check one:

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Not Hispanic or Latino.

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.

Part 2. Race: What is this person's race? Choose **one or more** races to indicate what you consider yourself to be.

American Indian and Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

Black or African American - A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as African American, Afro American, Kenyan, Nigerian, or Haitian.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.

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Federal contractors are required to implement affirmative action procedures in employing veterans from the three targeted groups identified below. Federal contractors also are required to report annually on the inclusion of veterans from these three groups in their current workforce and in their new hires. Current and prospective employees are requested to provide the information below so that our company can comply with these important federal mandates. Provision of the information requested below is voluntary and will be kept confidential by us. Disclosure or refusal to provide the information will not subject the applicant or employee to any adverse treatment and the information will be used only to support veterans' programs in accordance with the regulations implementing 38 U.S.C. 4212.

Part 3: How did you learn about the job for which you are applying?

Guam Department of Labor guamjobsonline.com Indeed Newspaper Announcement Ambyth Employee

Part 3: Voluntary Veteran Self-Identification :

SPECIAL DISABLED VETERAN (check if either or both categories apply to you)

- A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at (a) thirty (30) percent or more, or (b) at ten or twenty (10 or 20) percent in the case of a veteran who has been determined under Section 1506 to Title 38, U.S.C. to have a serious employment handicap;

Or

- A veteran who was discharged or released from active duty because of a service-connected disability.

VETERAN OF THE VIETNAM-ERA (check if either or both that apply to you)

- A veteran who served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964 and May 7, 1975 in all other cases;

Or

- A veteran who was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 6, 1964 and May 7, 1975 in all other cases.

OTHER VETERANS (check if either or both categories apply to you)

- A veteran with active duty service at any point between December 7, 1941 and April 28, 1952

Or

- A veteran who served on active duty in a campaign or expedition for which a campaign badge has been authorized. A veteran qualifies under this criterion **ONLY** based upon military service **IN** the identified campaign or expedition and **NOT** simply based any military service during the time of the campaign or expedition. The campaign badges, service medal, and expeditionary medals that qualify under this criterion will be listed on the veteran's "Armed Forces of the U.S. Report of Transfer or Discharge, "commonly known as the "DD-214" If the veteran meets this criterion. For additional help in determining this qualification, please go to: <http://www.opm.gov/veterans/html/vgmedal2.htm>

List Campaign(s) you served in: _____

NEWLY SEPARATED VETERANS

- A veteran discharged or released from active duty within the last one year period.

Date of release from service: _____

DECLINE SELF IDENTIFICATION: If you do not wish to self- identify your gender, ethnicity, or race, please check the box below.

I do not wish to self-identify.

Signature: _____

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