



Dolphin Research Center

58901 Overseas Highway
Grassy Key, FL 33050

< AN EQUAL OPPORTUNITY EMPLOYER >

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

First Name:	Middle Name:	Last Name:	Nickname:
Street Address 1			
Street Address 2:		Lived at this address since:	
City:	State:	Zip:	
Email address:	Home phone number:	Mobile Phone Number:	

Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date _____
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date _____
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

POSITION REQUIREMENTS

Position Applying For:				
Salary desired (Please circle one) \$ _____ hr/wk/mo/yr	When will you be available for work? (month and year)	A) Are You Authorized to Work in U.S.A.? (Proof of citizenship or immigration status will be required upon employment)	<input type="checkbox"/>	<input type="checkbox"/>
		B) Are you under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
		C) Have you been convicted of a felony within the last five years? (A Criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question)	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

HIGH SCHOOL	NAME:
No. of Years Completed: _____ Years	ADDRESS: Graduate: Yes ~ No

COLLEGE:	NAME:
No. of Years Completed: _____ Years	ADDRESS: Graduate: Yes ~ No Major:

OTHER EDUCATION OR TRAINING: (Give name(s) and location(s) of school(s) and describe:

WORK EXPERIENCE (LAST JOB FIRST): [Include Military Service, if any]

FIRM NAME:	
ADDRESS:	
FROM: (Month/Year)	TO: (Month/Year)
SUPERVISOR:	TITLE & DEPARTMENT:
STARTING SALARY:	FINAL RATE:
DUTIES:	
REASON FOR LEAVING:	
FIRM NAME:	
ADDRESS:	
FROM: (Month/Year)	TO: (Month/Year)
SUPERVISOR:	TITLE & DEPARTMENT:
STARTING SALARY:	FINAL RATE:
DUTIES:	
REASON FOR LEAVING:	
FIRM NAME:	
ADDRESS:	
FROM: (Month/Year)	TO: (Month/Year)
SUPERVISOR:	TITLE & DEPARTMENT:
STARTING SALARY:	FINAL RATE:
DUTIES:	
REASON FOR LEAVING:	
FIRM NAME:	
ADDRESS:	
FROM: (Month/Year)	TO: (Month/Year)
SUPERVISOR:	TITLE & DEPARTMENT:
STARTING SALARY:	FINAL RATE:
DUTIES:	
REASON FOR LEAVING:	

PLEASE READ CAREFULLY:

By my signature below, I affirm that I have read and understand this application and that I have not knowingly withheld any fact or circumstance, the disclosure of which might unfavorably affect consideration of my application, whether or not such circumstance was covered by a direct question. I further affirm that the statements I have made are true and correct, and I understand that employment is contingent upon the truth of the statements made herein, as well as reference, credit and Department of Motor Vehicle checks. Any misrepresentation may be cause for dismissal. I authorize Dolphin Research Center ("DRC") and its representatives to inquire of all former employers, or others who know me or know of me. I further agree and understand that DRC and its agents may investigate my background to ascertain any and all information of concern and I release all employers and persons named herein from all liability for any damages on account of their furnishing such information. I further authorize DRC to verify the statements made on this application. I understand that DRC has a substance abuse program, and that I may be subject to testing for substances of abuse. If any employment relationship is established, I understand that such employment is terminable at will, at any time, for any reason, with or without cause.

Applicants are considered for all positions without regard to race, creed, color, national origin, sex, age, disability, union, marital status, sexual orientation, citizenship status or veteran status.

Signature: _____

Date _____