



155 East Main St Searsport ME 04974 207-548-6302 Fax 207-548-0404 hamiltonmarine.com

Personal Information

Last Name _____ First Name _____ Middle Initial _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Email _____
Are you 18 years old or older? **Yes** **No**

Employment Information

Position you are interested in _____ Hamilton Marine Location _____
Full Time **Part Time** **Seasonal** Date You Can Start _____ Wage Desired _____
Are you currently employed? **Yes** **No** If so, may we contact your present employer? **Yes** **No**
Have you ever applied at Hamilton Marine before? **Yes** **No** If so, when? _____
How did you learn about the position? _____
Were you referred? **Yes** **No** By who? _____

Education Information

School Level School Name, City and State Fields of study Diploma/Certificate

School Level	School Name, City and State	Fields of study	Diploma/Certificate

General Information

Computer associated skills _____
Experience related to the position you are applying for _____
Marine Experience _____
Military Experience _____
Community Service/Volunteering _____
Special Skills/Personal Interests _____

Hamilton Marine is an Equal Opportunity Employer

SEARSPORT ROCKLAND PORTLAND KITTEERY SOUTHWEST HARBOR JONESPORT MAINE



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Work Experience *Please list your 3 most recent employers, beginning with your current employer.*

(1) **Present or Last Employer** _____ Telephone: _____

Address _____ City _____ State _____

Start Date _____ Leave Date _____ Job Title _____

Supervisor's Name _____ May we contact this employer? **Yes** **No**

Job Duties _____

Reason for leaving _____

(2) **Previous Employer** _____ Telephone: _____

Address _____ City _____ State _____

Start Date _____ Leave Date _____ Job Title _____

Supervisor's Name _____ Job Duties _____

Reason for leaving _____

(3) **Previous Employer** _____ Telephone: _____

Address _____ City _____ State _____

Start Date _____ Leave Date _____ Job Title _____

Supervisor's Name _____ Job Duties _____

Reason for leaving _____

References *Please provide 3 references with the length of time you have known them. Do not include relatives.*

Name	City and State	Telephone	Years

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Background Checks

Hamilton Marine conducts criminal and driving record history checks as part of every employment offer and all offers are contingent on the completion of this process. Transgressions in someone's past will not automatically disqualify a candidate and a person's honesty in completing the Employment Application is considered in the decision process.

Have you ever been convicted of breaking any federal or state law, felony or misdemeanor, in any state? **Yes** **No**

Have you ever pled guilty, "nolo," or no contest in a court of law? **Yes** **No**

If you answered **Yes** to either above, please list the date, nature of the offense, location, status and penalty.

Is there currently any court of law action pending against you? **Yes** **No**

If you answered **Yes**, please list the date, nature of the offense, location and status _____

Authorization

I authorize Hamilton Marine to conduct pre-employment criminal and driving record history checks if I am offered, and accept, an opportunity to work for the company.

I understand that any employment will be on an at-will basis and that my employment may be terminated, with or without cause or notice, at any time, at my option or that of Hamilton Marine. I understand that no representative of Hamilton Marine has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing without written approval of Hamilton Marine Human Resources. I authorize Hamilton Marine to contact any or all of my current and prior employers and references and authorize them to provide all legal information requested of them by Hamilton Marine and release all persons from all liability for any damage or injury that may result from furnishing such information to Hamilton Marine. I authorize Hamilton Marine to verify all information set forth in my application and received during the application process by any and all other means authorized or permitted by law. I certify that I have provided truthful and complete responses to all inquiries in the application. Should I be employed by Hamilton Marine, I understand that any misrepresentation, falsification, or omission may result in immediate dismissal. If employed by Hamilton Marine, I will abide by its rules and regulations, which I understand are subject to change.

I understand that this application will be considered active for a period not to exceed 90 days. If I wish to be considered for employment beyond that time, I understand that I must reapply.

Date _____ Signature _____

**Mail to:
Hamilton Marine
Human Resources
155 E. Main St.
Searsport, ME 04974**

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EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

*Special "hours of service" requirements apply to airline flight crew employees.

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

BENEFITS & PROTECTIONS

ELIGIBILITY REQUIREMENTS

REQUESTING LEAVE

EMPLOYER RESPONSIBILITIES

ENFORCEMENT

For additional information or to file a complaint:

1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division

