



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

### 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.

Table with 4 columns: Name, City and State, Telephone, Years. Contains 3 empty rows for reference information.

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155 East Main St Searsport ME 04974 207-548-6302 Fax 207-548-0404 [hamiltonmarine.com](http://hamiltonmarine.com)

## 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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SEARSPORT ROCKLAND PORTLAND KITTERY SOUTHWEST HARBOR JONESPORT MAINE

# 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

