

SEND BY EMAIL TO SINAGAKI@GULFCOPPER.COM

OR

MAIL or FAX TO SELECTED LOCATION



GULF COPPER

<input type="checkbox"/>	HR DEPT, CORPORATE & GULF COPPER & MFG. CORP, - PORT ARTHUR 9509 HWY 69, PORT ARTHUR, TX 77640 - TEL: (409) 724 6969 FAX: (409) 724 7761
<input type="checkbox"/>	HR DEPT, GULF COPPER DRY DOCK & SHIP REPAIR, - GALVESTON 2920 TODD ROAD, GALVESTON, TEXAS 77554 - TEL: (409) 941 6200 FAX: (409) 941 6201
<input type="checkbox"/>	HR DEPT, GULF COPPER SHIP REPAIR,- CORPUS CHRISTI, SAN DIEGO, GUAM P.O. BOX 23403, CORPUS CHRISTI, TX 78403 - TEL: (361) 883 1040 FAX: (361) 888 4703

SELECT EMPLOYMENT LOCATION DESIRED ABOVE

EMPLOYMENT APPLICATION

APPLICATION COVER PAGE AND INSTRUCTIONS

1. IN COMPLETING THIS APPLICATION, AND IN ANSWERING ANY QUESTIONS OR PROVIDING INFORMATION ABOUT YOURSELF DURING THE HIRING PROCESS, PLEASE DO NOT DISCLOSE ANY PHYSICAL OR MENTAL IMPAIRMENT YOU MAY HAVE. PLEASE FAMILIARIZE YOURSELF WITH THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING AND DETERMINE WHETHER, EITHER WITH OR WITHOUT A REASONABLE ACCOMMODATION, YOU ARE ABLE TO PERFORM THE ESSENTIAL FUNCTIONS. IF A JOB OFFER IS MADE, YOU SHOULD THEN IDENTIFY FOR US ANY REASONABLE ACCOMMODATIONS YOU BELIEVE ARE NECESSARY TO ENABLE YOU TO PERFORM THE JOB. REASONABLE ACCOMMODATIONS WILL BE PROVIDED IN ACCORDANCE WITH THE "AMERICANS WITH DISABILITIES ACT".
2. JOB APPLICANTS MAY BE GIVEN A PHYSICAL ACTIVITIES TEST RELATED TO THE JOB THEY ARE APPLYING FOR IF A JOB OFFER IS MADE. THEY MUST BE ABLE TO PASS THE TEST IN ORDER TO MEET THE JOB REQUIREMENTS. SHOULD THEY FAIL THE TEST, WE MAY OFFER A RETEST AT THE APPLICANT'S EXPENSE.
3. WE ALSO REQUEST THAT, DURING THE HIRING PROCESS, YOU REFRAIN FROM DISCLOSING ANYTHING ABOUT YOUR MARITAL STATUS, AGE, RACE, COLOR, NATIONAL ORIGIN AND RELIGION. YOU MAY CHOOSE TO PROVIDE SOME OF THIS INFORMATION ON THE "EEO FORM" WHICH IS PROVIDED TO YOU WITH THIS APPLICATION. HOWEVER THE EEO FORM WILL BE COLLECTED SEPARATELY FROM YOUR APPLICATION AND WILL NOT BE REVIEWED DURING THE HIRING PROCESS.
4. UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME OR THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME, WITH OR WITHOUT CAUSE.

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.

Position(s) Applied For	Date of application
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Last Name	First Name	Middle Initial
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Address	Street / Apt or PO Box	City	State	Zip
Physical				
Mailing				

Phone Number	Social Security #
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Are you over 18 years of age or can you provide required proof of your eligibility to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, Proof of Citizenship or Immigration Status will be required upon employment	

Have you ever applied to us before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, When?
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Have you ever been employed by us before? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, When?
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When will you be able to Join? Indicate Date	Are you available to work?: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Any Shift <input type="checkbox"/> Temporary
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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
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Do you have any relatives or friends who work for Gulf Copper? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, then give their Names and Where they work	Name :		Location :	

Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	Conviction will not necessarily disqualify an applicant from employment.
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If Yes, Please Explain	
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IN CASE OF EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE

EDUCATION

Type	School Name	Location	Years Attended	Course Of Study	Degree or Diploma
Grade School					
High School					
College					
Vocational / Trade					
Other					

OTHER SKILLS AND QUALIFICATIONS

List any special job-related skill gained from employment, education, or other experience.

MILITARY SERVICE:

BRANCH	SERVICE PERIOD	VIETNAM VET <input type="checkbox"/> YES <input type="checkbox"/> NO
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ANY JOB RELATED TRAINING IN THE MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, DESCRIBE	
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REFERENCES

List below three (3) references whom we may contact that are not relatives or former employers.

Name _____	Telephone _____
Name _____	Telephone _____
Name _____	Telephone _____

PREVIOUS EMPLOYMENT

Begin with your most recent job and account for volunteer activities, self-employment, and any job related military service assignments. You may omit associations, which indicate race, color, religion, national origin, gender, handicap and any other protected status.

Employer	Address	Telephone	
Position	Supervisor	Dates Employed	
		FROM	TO
Duties & Responsibilities	Salary	Reason For Leaving	

Employer	Address	Telephone	
Position	Supervisor	Dates Employed	
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Employer	Address	Telephone	
Position	Supervisor	Dates Employed	
		FROM	TO
Duties & Responsibilities	Salary	Reason For Leaving	

If additional space is required for employment information, attach a separate sheet.

APPLICANT'S CERTIFICATION AND AGREEMENT

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I certify that the facts and information given herein are true and complete to the best of my knowledge. In the event of my employment, I understand that any false or misleading information given in my application or interview(s) may result in discharge.

Applicant's Signature

Date Signed

