

Massachusetts Maritime Academy
One of nine state colleges in the Commonwealth
101 Academy Drive, Buzzards Bay, Massachusetts 02532-1803
508.830.5000 FAX 508.830.5004
www.maritime.edu



Application for Employment

Position: _____

Name: _____			
Last	First	Middle	
Address: _____			
Street and/or P.O. Box	City	State	Zip Code
Telephone: _____	Cell Phone: _____	Email: _____	

Are you over 18 years of age? Yes No Are you legally authorized to work in the United States? Yes No
(Proof of citizenship or immigration status is required upon employment.)

Have you ever been employed by the Commonwealth of Massachusetts? Yes No

If yes, please indicate agency and position: _____

Have you ever been employed by Massachusetts Maritime Academy? Yes No If so, when? _____

What are your salary expectations? _____

Have you ever been fired by a prior employer?
Please explain

Are you on a lay-off and subject to recall? Yes No

Do you know, or are related to, any Massachusetts Maritime Academy employees?

U.S. Military Branch of Service _____ Rank attained: _____

Dates of Service: From _____ to _____

Special training: _____

*Massachusetts Maritime Academy is an Affirmative Action/Equal Opportunity Employer.
Members of under-represented groups are encouraged to apply.*

**All applicants must complete the MMA Application in its entirety.
 (“See Resume” is not an acceptable response.)**

Education	High School/ Trade School or other	*College or University	*Graduate/Professional	*Additional Higher Education
School Name City and State				
Years Completed	9 10 11 12			
Diploma/Degree				
Course of Study Major/Minor				

*For positions requiring an undergraduate or graduate degree, certified transcripts must be submitted at interview.

Please list special skills, honors, awards, and achievements.

<i>Professional Licenses and Certifications</i>			
License / Designation	Number	Date Attained	Issuing State

All applicants must complete the MMA Application in its entirety.

Employment Experience

Start with your present or last position, and include military service assignments and any verified work performed on a volunteer basis. If you need additional space, please continue on a separate sheet of paper.

1	Employer	phone# ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title				
	Name and Title of immediate Supervisor		Hourly Rate/Salary		
	Reason for Leaving		Starting	Final	

2	Employer	phone# ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title				
	Name and Title of immediate Supervisor		Hourly Rate/Salary		
	Reason for Leaving		Starting	Final	

3	Employer	phone# ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title				
	Name and Title of immediate Supervisor		Hourly Rate/Salary		
	Reason for Leaving		Starting	Final	

4	Employer	phone# ()	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title				
	Name and Title of immediate Supervisor		Hourly Rate/Salary		
	Reason for Leaving		Starting	Final	

May we contact your present employer? Yes No If no, please explain. _____

