



**Survival  
Systems  
USA, Inc.**

**FOR OFFICE USE ONLY**

Position: \_\_\_\_\_ Posting # \_\_\_\_\_  
Date Open: \_\_\_\_\_ Date Closed: \_\_\_\_\_  
Site: \_\_\_\_\_ Site Manager: \_\_\_\_\_  
Chief Instructor: \_\_\_\_\_  
Hire Date: \_\_\_\_\_ Employee #: \_\_\_\_\_

**EMPLOYMENT APPLICATION**

Position Applying For: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT INFORMATION**

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

Telephone: \_\_\_\_\_  
Home Cell

**GENERAL INFORMATION**

What date are you available to start work? \_\_\_\_\_ Full time / Part Time? \_\_\_\_\_

Have you ever worked for Survival Systems USA, Inc. before? ☐ Yes ☐ No

If Yes, what location? \_\_\_\_\_ Position: \_\_\_\_\_ Timeframe: \_\_\_\_\_

Are you able to work a 40 hour work week Mon – Fri ☐ Yes ☐ No

Are you willing and able to work weekends, if needed ☐ Yes ☐ No

Are you willing and able to work additional hours in the evening, if needed ☐ Yes ☐ No

Are you willing and able to travel, if needed ☐ Yes ☐ No

Are you able to relocate, if needed? ☐ Yes ☐ No

Are a U.S. citizen? ☐ Yes ☐ No

If no, are you authorized to work in the U.S. on an unrestricted basis ☐ Yes ☐ No

What languages do you speak fluently? \_\_\_\_\_

Have you ever served in any of the U.S. Military services ☐ Yes ☐ No

If Yes, Branch \_\_\_\_\_ Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Describe your duties while serving: \_\_\_\_\_

Do you have a current passport ☐ Yes ☐ No

Do you have a valid driver's license? State \_\_\_\_\_ License # \_\_\_\_\_

CDL Endorsement ☐ Yes ☐ No

Have you had any moving violations in the past 3 years? ☐ Yes ☐ No

**Survival  
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144 Tower Avenue  
Groton, CT 06340  
www.survivalsystemsinc.com

888-386-5371  
860-405-0002  
860-405-0006

toll free  
office  
fax

Have you ever been convicted of a criminal offense (felony)? ☐ Yes ☐ No

If yes, please describe conditions: \_\_\_\_\_

\_\_\_\_\_

If hired, are you willing and able to submit to and pass a controlled substance test? ☐ Yes ☐ No

## **EDUCATION, TRAINING & EXPERIENCE**

Highest Level of Education Completed: ☐ High School/GED ☐ Some College ☐ Associates Degree  
☐ Bachelors Degree ☐ Masters Degree

Name and Address of School – Degree/Diploma – Graduation Dates or Dates Attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a certified Scuba Diver? ☐ Yes ☐ No

If yes, through what certifying agency? \_\_\_\_\_

What dive certifications do you hold? \_\_\_\_\_

Are you CPR/First Aid certified? ☐ Yes ☐ No

Date of expiration: \_\_\_\_\_ Certifying Agency: \_\_\_\_\_

Are you Lifeguard certified? ☐ Yes ☐ No Date of expiration: \_\_\_\_\_

What other certifications do you hold? (ie: Aviation, Medical, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Do you belong to any professional associations or organizations? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

## EMPLOYMENT HISTORY

### Current Employer:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Title: \_\_\_\_\_ Dates from/to: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your employer? ☐ Yes ☐ No

### Past Employers:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Title: \_\_\_\_\_ Dates from/to: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Position Title: \_\_\_\_\_ Dates from/to: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## REFERENCES

Please provide 2 personal or professional references excluding former employers and relatives:

Name/Title	Address	Phone #	Occupation
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired.

I authorize the verification of any or all of the information listed above.

I understand that if I am denied clearance for military installations, any offer for employment will be rescinded.

I have received and understand the job description and prerequisites for the position I'm applying for.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ received this application on \_\_\_\_\_.  
Site Manager or Chief Instructor Date