

Application for Employment



Everett Ship Repair, LLC
 2730 Federal Avenue
 Everett, Washington 98201
 www.everettshiprepair.com

Everett Ship Repair is an Equal Opportunity Employer. All employment decisions at Nichols Brothers are based on business needs, job requirements and individual qualifications, without regard to race, color, religion or belief, national, social or ethnic origin, sex, age, disability, HIV Status, sexual orientation, gender identity and/or expression, marital, civil union or domestic partnership status, past or present military service, medical history, family or parental status, or any other status protected by the laws or regulations in the locations where we operate. Nichols Brothers will not tolerate discrimination or harassment based on any of these characteristics.

ALL AREAS MUST BE COMPLETED EVEN IF YOU SUBMIT A RESUME WITH YOUR APPLICATION

APPLICANT INFORMATION				
NAME Last		First	Middle	DATE
ADDRESS		Street	City and State	Zip Code
MAILING ADDRESS (if different)		Street	City and State	Zip Code
PHONE Home phone#: Work/Cell# :		May we contact you at work? <input type="checkbox"/> YES <input type="checkbox"/> NO		E-MAIL ADDRESS
POSITION APPLIED FOR		DATE AVAILABLE	HOW DID YOU HEAR ABOUT THIS POSITION?	

EDUCATION RECORD- Please list present and past education, beginning with the most recent			
Name and Location of Institution of Learning	Major	Number of Years Attended	Degree, Diploma or Certificate Received
High School			
College			
Trade School(s)			

SCREENING TESTS FOR ILLEGAL DRUG USE ARE REQUIRED AS A CONDITION OF EMPLOYMENT AT EVERETT SHIP REPAIR.

EMPLOYMENT HISTORY – Please list present and past employment, beginning with the most recent		
1) Name and Address of Employer	Dates of Employment From (mo/yr) To (mo/yr)	Name of Supervisor and Phone Number
		<i>May we contact?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

Job Title: _____

Duties Performed: _____

Reason for Leaving: _____ Name if different from time of this application: _____

EMPLOYMENT HISTORY – Please list present and past employment, beginning with the most recent		
2) Name and Address of Employer	Dates of Employment From (mo/yr) To (mo/yr)	Name of Supervisor and Phone Number
		<i>May we contact?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

Job Title: _____

Duties Performed: _____

Reason for Leaving: _____ Name if different from time of this application: _____

EMPLOYMENT HISTORY – Please list present and past employment, beginning with the most recent

3) Name and Address of Employer	Dates of Employment From (mo/yr) To (mo/yr)		Name of Supervisor and Phone Number
			<p style="text-align: right;"><i>May we contact?</i></p> <input type="checkbox"/> YES <input type="checkbox"/> NO

Job Title: _____

Duties Performed: _____

Reason for Leaving: _____ Name if different from time of this application: _____

If you need more space for employment history, please print or request addition copies of this page.

PERSONAL REFERENCES – Please include two business references and one social reference.

Name and Title	Occupation	Address	Telephone Numbers

RELEVANT SKILLS OR TRAINING – Please indicate any skills/training you have related to the position you are seeking

ADDITIONAL INFORMATION	YES	NO
Have you previously worked for Everett Ship Repair or Nichols Brothers Boat Builders? If yes, dates of employment From _____ To _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you eligible for employment in the United States of America for all employers?	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made in the Employment Application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination. I understand that the Company requires the successful completion of a Pre-Employment Drug Test as a condition of employment. I also understand that the Company will perform a Criminal Screening and may perform a Credit check on me. I hereby consent to said tests and checks at the Company's discretion.

Print Name

Date

Signature

**Please submit your completed application to
hr@nicholsboats.com**

APPLICANT AFFIRMATIVE ACTION INFORMATION

Everett Ship Repair is subject to certain governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, the employer invites applicants to voluntarily self-identify gender, race, and ethnicity. **Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and is only used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.** When reported, data will not identify any specific individual.

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, disability, or other basis protected by local, state, or federal law.

PLEASE PRINT

Name:	Date:
Position Applied for (list only one):	

<p>1. Are you Hispanic or Latino/a? A person of Cuban, Mexican, Chicano/a, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Yes (Skip to question #3)</p> <p><input type="checkbox"/> No (Go to question #2)</p>	<p>3. What is your gender?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<p>2. What race or races do you consider yourself to be? (Check all that apply)</p> <p><input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</p> <p><input type="checkbox"/> Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam</p> <p><input type="checkbox"/> American Indian or Alaskan Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment</p>	
<p><input type="checkbox"/> I do not wish to Self-Identify</p>	

INVITATION TO VOLUNTARILY SELF-IDENTIFY AS A VIETNAM-ERA VETERAN, DISABLED VETERAN AFFIRMATIVE ACTION PROGRAMS

Everett Ship Repair is a Government Contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by Jobs for Veterans of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

1. Disabled Veterans

- a. A veteran of the US military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- b. A person who was discharged or released from active duty because of a service connected disability.

2. Recently Separated Veterans

- a. Any veteran during the three year period beginning on the date of such veterans' discharge or release from active duty in the U.S. military, ground, naval or air service.

3. Active Duty Wartime or Campaign Badge Veteran

- a. A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

4. Armed Forces Service Medal Veteran

- a. A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under – USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll free 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected veterans listed above
- I am NOT a protected veteran

Name: _____

Date: _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.