

WESTPORT

Port Angeles Facility
637 Marine Drive
Port Angeles, WA 98363
(360) 452-9534 fax

Westport Facility
PO Box 308
Westport, WA 98595
(360) 268-1189 fax

Hoquiam Facility
2850 John Stevens Way
Hoquiam, WA 98550
(360) 533-2567 fax

(Application must be completed in full, even if attaching a resume)

Positions Applied For _____ Referral Source _____

Name _____ Phone # _____
Last First M.I.

Street Address _____ Cell Phone # _____
Street City State Zip

Mailing Address _____ Email _____
Street City State Zip

Are you at least 18 years of age? Yes___ No___

Are you a U.S. Citizen or legally authorized to work in the U.S.? Yes___ No___

Date you are able to start work _____

May we contact your current employer? Yes___ No___

Are you on layoff status or subject to recall elsewhere? Yes___ No___

Pay Expected \$ _____ per _____

Do you wish to work: Full-time___ Part-time___

Are you willing and available to work: On call___

Days___ Evenings___ Nights___

Overtime___ Weekends___ Holidays___

Which facility do you prefer to work at?

Westport___ Hoquiam___ Port Angeles___

If applying for a job that requires one, do you have a valid driver's license? Yes___ No___

Have you been convicted of a felony or gross misdemeanor? Yes___ No___

If so, explain _____

*A "yes" answer will not necessarily bar applicant from employment.

Have you previously applied with us? Yes___ No___

When _____

Have you previously worked with us? Yes___ No___

When _____

Are any of your records under a different name? Yes___ No___

If so, what name _____

Do you have any relatives working for us? Yes___ No___

If so, who?

Education/Training	Name and Location of School	Did you Graduate?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what? _____

COMPLETE WORK HISTORY INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Present or Last Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____ Rate of Pay \$: _____

Job Title & Duties: _____

Why Did You Leave? _____

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____ Rate of Pay \$: _____

Job Title & Duties: _____

Why Did You Leave? _____

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____ Rate of Pay \$: _____

Job Title & Duties: _____

Why Did You Leave? _____

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____ Rate of Pay \$: _____

Job Title & Duties: _____

Why Did You Leave? _____

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____ Rate of Pay \$: _____

Job Title & Duties: _____

Why Did You Leave? _____

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____ Rate of Pay \$: _____

Job Title & Duties: _____

Why Did You Leave? _____

SKILLS / ABILITIES

1. Write in the box how you have used these skills – for example: work, home, school, etc.
2. Also list how long you have had these skills – for example: 6 months, 1 year, etc.

Power tools	Fiberglass	Chopper gun	Gelcoating	Painting cars	Blueprints	Sanders	Buffers
Grinders	Drills	Tape measure	Steel fab	Small tool repair	Warehouse	Drill Press	Machinist
Impact wrench	Air ratchet	Press brake	Punch press	Metal shear	Hand lay-up	Plumbing	Wiring
Hand tools	Power sewing machine	Woodworking	Forklifts	MIG Welding	TIG Welding	Arc welding	Aluminum Welding
Car mechanics	Air spray painting	12 volt wiring	Upholstery	Staple gun	Uni-shears	Screw gun	Pop rivet gun
Software skills:	MS Word	MS Excel	MS Access	MS Power Point	Other	Other	Other

List any additional skills or abilities you have which are pertinent to the position, including hobbies or related interests: _____

What skills do you desire to learn? _____

WESTPORT SHIPYARD INC. IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Westport Shipyard, Inc. (hereinafter referred to as "Westport") that such employment with Westport is at will, for no specified duration and may be terminated by either Westport or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Westport or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Westport except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Westport.

In consideration for employment with Westport, if employed, I agree to conform to the rules, regulations, policies and procedures of Westport at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Westport's business, attendance and punctuality are considered essential requirements of every job at Westport and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Westport, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Westport and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

I understand that this application is considered current for two months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Thank you for your interest in employment at Westport Shipyard, Inc.

Due to the volume of applications received, only those applicants who are selected for an interview will be contacted. If you have not been contacted within 60 days, you are welcome to reapply.