



STABBERT MARINE & INDUSTRIAL LLC

2629 NW 54th Street, #201 | Seattle, WA 98107

APPLICATION FOR EMPLOYMENT

NOTICE TO ALL APPLICANTS

ALL ATTACHED FORMS MUST BE FILLED OUT COMPLETELY & SIGNED IN ORDER TO BE CONSIDERED FOR EMPLOYMENT.

Thank you for your interest in employment with Stabbert Marine & Industrial LLC (SMI). Employees are key to our Company's success and help us to set world-class standards for performance, efficiency and quality.

Attached is an application for employment. Completed applications will be reviewed by management. **A RESUME IS NOT A SUBSTITUTE FOR COMPLETING THIS FORM IN ITS ENTIRETY.** If the department determines an applicant to have the needed skills and experience for a specific job opening, the applicant will be contacted for an interview or skill testing. If you are not contacted by an SMI representative, that means the hiring department has decided not to pursue your application. Applications and test results are kept on file for 180 days. All information will be verified and all references will be checked. Information will be kept confidential and will only be communicated to those individuals who are directly involved in the screening and hiring process.

Pre-Employment Drug Screening Policy:

Effective January 1, 2012, All applicants accepted for employment must pass a drug test as part of the employment process at SMI. Please be advised that all offers of employment are contingent upon satisfactory results of a drug screening test.

While visiting SMI please note the following rules & procedures:

Visitors are not allowed in the shipyard facility without authorization and must be accompanied by shipyard personnel. Violation of shipyard security and policies may bar applicants from consideration of employment.

Thank you again for considering Stabbert Marine & Industrial a future employer!



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APPLICATION FOR EMPLOYMENT

Stabbert Marine & Industrial LLC. is an Equal Opportunity Employer.

Please answer each question fully and accurately as incomplete applications will not be considered

Today's Date: _____

PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____ SS#: _____ - _____ - _____

Present Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Apt. No. _____ Email Address: _____

Cell Phone Number: _____ Home Phone Number: _____

Are you 18 years or older? YES NO

Are you either a US citizen or an alien authorized to work in the United States? YES NO

In Case of Emergency, Notify: _____

Phone Number: _____ Relationship: _____

Present Address: _____ City: _____ State: _____ Zip: _____

List below addresses at which you have lived in the past five years, with dates (use space on back of page if necessary).

<u>From</u>	<u>To</u>	<u>Previous Street Address</u>	<u>City</u>	<u>State</u>	<u>County</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Who referred you to this company? Employment Agency Advertisement Friend

State Employment Office College Placement Other

Please Explain: _____

EMPLOYMENT DESIRED

Desired Position: _____ Date you can start? _____

Are you now employed? YES NO

If so, may we contact your present employer? YES NO

Ever applied to this company before? YES NO When? _____

Ever worked for this company before? YES NO When? _____

Reason for Leaving: _____

EDUCATION

School Level	Name and Location of School	No. Years Attended	Did You Graduate?	Subjects Studied and Degree Received?
High School			Yes No	
College			Yes No	
Trade School			Yes No	
Correspondence			Yes No	
Other			Yes No	

GENERAL

Other Subjects of Study, Special Training or Special Skills: _____

Hobbies: _____

EMPLOYMENT HISTORY

Name and Address of Present or Last Employer: _____

Starting Date: Month _____ / Year _____ Leaving Date: Month _____ / Year _____
 Weekly Starting: \$ _____ Weekly Leaving: \$ _____
 Job Title: _____ May We Contact Supervisor? YES NO
 Description of Work: _____
 Reason for Leaving: _____

Name and Address of Past Employer: _____

Starting Date: Month _____ / Year _____ Leaving Date: Month _____ / Year _____
 Weekly Starting: \$ _____ Weekly Leaving: \$ _____
 Job Title: _____ May We Contact Supervisor? YES NO
 Description of Work: _____
 Reason for Leaving: _____

Name and Address of Past Employer:

Starting Date: Month _____ / Year _____ Leaving Date: Month _____ /Year _____
Weekly Staring: \$ _____ Weekly Leaving: \$ _____
Job Title: _____ May We Contact Supervisor? YES NO
Description of Work: _____
Reason for Leaving: _____

Name and Address of Past Employer:

Starting Date: Month _____ / Year _____ Leaving Date: Month _____ /Year _____
Weekly Staring: \$ _____ Weekly Leaving: \$ _____
Job Title: _____ May We Contact Supervisor? YES NO
Description of Work: _____
Reason for Leaving: _____

REFERENCES

Name	Address or Telephone Number	Business	Years Known	Related to you?
1.				
2.				
3.				

SERVICE RECORD

Branch of Service: _____ Discharge Date: Month _____ /Year _____ Discharge Rank: _____

Presently in National Guard or Reserves: YES NO Date Obligation Ends: Month _____ /Year _____

What foreign languages do you speak fluently? _____

Which foreign languages do you read and write? _____

CERTIFICATIONS AND LICENSURES (List All Relevant, i.e.:, Welding, Forklift, Crane, etc.)

Title	Expiration Date	Training Facility

I understand and agree that I may be required to take a physical examination or physical capacities exam as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers and employees from any claim arising in connection with the use of such test(s).

Please Initial Here: _____

AUTHORIZATION

I CERTIFY THAT THE FACTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY INCORRECT, INCOMPLETE OR FALSIFIED STATEMENTS OR INFORMATION PROVIDED ON THIS APPLICATION MAY BE GROUNDS FOR DENIAL OF EMPLOYMENT OR IMMEDIATE DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN FROM PAST EMPLOYERS AND ALL REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MIGHT RESULT FROM FURNISHING SAME TO YOU.

Signature: _____ **Date:** _____

Print Your Name: _____



Stabbert Marine & Industrial LLC

DRUG AND ALCOHOL CONSENT FORM

As an applicant for employment with Stabbert Marine & Industrial LLC, I understand I must submit to and pass a Drug and Alcohol Screening. I further understand that if I test positive I will not be hired. Any applicant who is not hired due to a violation of this policy may, reapply for employment after six months from date of initial application.

Please check one and sign below:

- I consent to a Drug and Alcohol Screening
- I refuse to submit to a Drug and Alcohol Screening. Please withdraw my application for employment.

SIGNATURE

PRINT NAME

DATE