



EMPLOYMENT APPLICATION

If you have a disability that requires assistance and/or reasonable accommodation with the job application process, please contact the Human Resources department at (360) 647-0080 (201)

DATE OF APPLICATION: _____

POSITION APPLYING FOR: _____ SALARY DESIRED: _____

PUGLIA ENGINEERING IS AN EQUAL OPPORTUNITY EMPLOYER. FAIRHAVEN SHIPYARD IS A DRUG FREE ZONE. APPLICATION MUST BE COMPLETED IN FULL, TYPED OR IN INK, EVEN IF YOU ARE SUBMITTING A RESUME IN ADDITION TO THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE INCLUDED FOR CONSIDERATION IN THE SELECTION PROCESS. (THE WORDS "SEE RESUME" UNDER EMPLOYMENT HISTORY ARE NOT ACCEPTABLE.)

NAME: _____
 LAST FIRST MIDDLE

MAILING ADDRESS: _____
 NUMBER STREET APT OR SPACE #

CITY STATE ZIP

PHONE: _____
 HOME WORK MESSAGE or CELL

EMAIL ADDRESS: (print clearly) _____

Are you related to any current Fairhaven Shipyard employee?
 No Yes If Yes: Name: _____ Relationship: _____

Have you previously applied for a position or worked for Fairhaven Shipyard ?
 No Yes Position: _____ Approx. Date: _____

Do you know anyone that is working for, or has worked for, Fairhaven Shipyard/Puglia Engineering?
 No Yes If Yes: Name: _____

Are you a U.S. citizen or are you eligible for lawful employment in the U.S.? (If offered employment, you will be required to provide documentation to verify eligibility.)
 No Yes

Have you ever been convicted of a felony or released from prison within the last seven (7) years?
 No Yes
 If yes, please explain _____

Note: A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you are applying.

Are you currently employed? No Yes May we contact your current employer? No Yes

Employer name if yes: _____ Phone number: _____

U.S. MILITARY BACKGROUND

Branch of Service: _____ Rank/Rate: _____ Discharge Type: _____

EDUCATION AND TRAINING

TYPE OF SCHOOL	NAME & LOCATION	MAJOR SUBJECT	CIRCLE # YEARS COMPLETED	GRADUATE Yes or No
HIGH SCHOOL			9 10 11 12 GED	
COLLEGE			1 2 3 4	
COLLEGE			1 2 3 4	
GRAD SCHOOL			1 2 3 4	
BUS/VOC			1 2 3 4	

OTHER RELEVANT COURSES AND TRAINING	NAME & LOCATION OF INSTITUTION	DATES ATTENDED
TRADE, OTHER MILITARY		

PROFESSIONAL LICENSES OR CERTIFICATES	SERIAL NO.	DATE ISSUED	EXPIRATION

OTHER SKILLS

COMPUTER EQUIPMENT:

FOREIGN LANGUAGES (fluent)

OTHER SKILLS, EQUIPMENT
or TOOLS:

EMPLOYMENT HISTORY

LIST AND DESCRIBE YOUR WORK RECORD, LIST LAST FOUR EMPLOYERS OR 10 YEARS IF ABLE. BEGIN WITH YOUR **MOST RECENT EXPERIENCE**. LIST EACH POSITION WITHIN A COMPANY SEPARATELY. YOU MUST INCLUDE PERIODS OF UNEMPLOYMENT OR SELF-EMPLOYMENT. ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED. **APPLICATION MUST BE SIGNED ON PAGE 4 IN ORDER TO BE CONSIDERED FOR THIS POSITION.**

EMPLOYER: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ SUPERVISOR/TITLE _____ PHONE: _____ REASON FOR LEAVING: _____ JOB DUTIES: _____ _____ _____ _____	POSITION: _____ DATES EMPLOYED: _____ # EMPLOYEES SUPERVISED _____ SALARY: _____ HOURS PER WEEK _____
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EMPLOYER: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ SUPERVISOR/TITLE _____ PHONE: _____ REASON FOR LEAVING: _____ JOB DUTIES: _____ _____ _____ _____	POSITION: _____ DATES EMPLOYED: _____ # EMPLOYEES SUPERVISED _____ SALARY: _____ HOURS PER WEEK _____
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EMPLOYER: _____ ADDRESS: _____ CITY/STATE/ZIP: _____ SUPERVISOR/TITLE _____ PHONE: _____ REASON FOR LEAVING: _____ JOB DUTIES: _____ _____ _____ _____	POSITION: _____ DATES EMPLOYED: _____ # EMPLOYEES SUPERVISED _____ SALARY: _____ HOURS PER WEEK _____
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PERSONAL REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

YEARS KNOWN: _____ PHONE (1) _____ PHONE (2): _____

NAME _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

YEARS KNOWN: _____ PHONE (1) _____ PHONE (2): _____

NAME _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

YEARS KNOWN: _____ PHONE (1) _____ PHONE (2): _____

By signing this application, I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment and release any employer, person, firm or corporation identified from any and all liability by reason of furnishing the requested information. Further, I authorize the release of information contained in this application if requested under open-public records law. I acknowledge my awareness that false statements or failures to disclose information may be sufficient to disqualify me for employment, or, if employed, may result in my dismissal. Failure to date and sign this form will also be grounds for non-consideration.

Fairhaven Shipyard is a drug and alcohol free workplace. I understand that drug and alcohol testing is a requirement for consideration for any position and is a condition of employment. Therefore, I understand that should an offer of employment be extended to me and accepted that I will adhere fully to the policies, rules, and regulations of employment of Puglia Engineering/Fairhaven Shipyards.

Signature _____ **Date** _____



AFFIRMATIVE ACTION VOLUNTARY SELF IDENTIFICATION FORM

Puglia Engineering, Inc./Fairhaven Shipyard is an Equal Opportunity Employer. As required by law, we must record certain information to be made part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name: _____ Today's Date _____

Position Applied for: _____

Section 2: Please check (4) all that apply (see reverse for definitions)

Race or Ethnic Identity	Gender	** Veteran Status
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		<input type="checkbox"/> Other Protected Veteran
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)		<input type="checkbox"/> Recently Separated Veteran
<input type="checkbox"/> Asian (not Hispanic or Latino)		<input type="checkbox"/> Armed Forces Service Medal Veterans
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)		<input type="checkbox"/> ** Other _____
Individual with Disabilities?		
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I do not wish to Self-Identify

Signature: _____

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)

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.

American Indian or Alaska Native (Not Hispanic or Latino)

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.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

Individual with Disabilities

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment

(s), or (3) is regarded as having such impairment(s). For purposes of the definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Veteran of the Vietnam-Era

Means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service

connected disability if any part of such active duty was performed (A) in the Republic of

Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Special Disabled Veteran

Means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veteran's Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

Other Protected Veteran

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

Recently Separated Veteran

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran

Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.