



**La Conner Maritime Service
Maritime Fabrications, Inc.
& Smiley's Pro Services
Employment Application**



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available			Desired Salary		
Position Applied for					
Are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have a valid Driver's License?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Are you related to anyone currently employed with this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, state their name and position:	

EDUCATION / CERTIFICATIONS

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree / Area of Study
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree / Area of Study
Have you served an apprenticeship?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Craft:	
List any Professional or Trade organizations you belong to – Do not list any organization that would reveal sex, race, religion, national origin, age, disability, or other protected status):					

JOB SKILLS

Please list Job Skills, Level of Proficiency (include certifications if applicable), and Years of Experience.

Skill:	Proficiency / Certification:	Years Experience:
Skill:	Proficiency / Certification:	Years Experience:
Skill:	Proficiency / Certification:	Years Experience:
Skill:	Proficiency / Certification:	Years Experience:
Skill:	Proficiency / Certification:	Years Experience:

PREVIOUS EMPLOYMENT

1. Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

MILITARY SERVICE

Branch	From	To
Rank at Discharge		

AVAILABILITY

I am available to start work on:

Days Available to Work:
 Any Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I am willing to work weekends or longer hours as needed: YES NO

Hours available for work – Any or From _____ am/pm to _____ am/pm

PROFESSIONAL REFERENCES*Please list at least three professional references.*

1. Full Name		Relationship	
Company		Phone ()	
Address			
2. Full Name		Relationship	
Company		Phone ()	
Address			
3. Full Name		Relationship	
Company		Phone ()	
Address			

PERSONAL REFERENCES*List personal references that are not related to you.*

Full Name		Years known
Phone ()	Address	
Full Name		Years known
Phone ()	Address	
Full Name		Years known
Phone ()	Address	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I acknowledge that there may be verification and information checks with the Social Security Administration Department of Motor Vehicles and credit bureaus. Any criminal background checks shall be limited to convictions only. In the event a consumer agency conducts a consumer report or an investigative consumer report, separate Fair Credit Reporting Act (FCRA) disclosures, notices, and releases will be required. I authorize investigation of all statements contained in this application.

If this application leads to an offer of employment, I understand that false or misleading information, omissions or misrepresentations in my application or interview may result in my termination. This application will expire after sixty (60) days and an updated application should be submitted.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of Company property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property. I UNDERSTAND THAT I HAVE NO EXPECTATION OF PRIVACY IN COMPANY PROPERTY.

This company is committed to being a drug-free workplace. By signing this application, you agree to submit to a pre-employment drug test prior to being considered for employment as outlined in our Drug Free Work Place Policies. All applicants must successfully pass the pre-employment drug test prior to being considered for employment. Separate disclosure and release forms will be provided by the agency conducting the testing. On-going post-accident and reasonable suspicion drug testing is a requirement of all employees of the company in accordance with our Drug Free Work Place Policy.

Further, I understand and agree that my employment will be **at-will** and may be terminated at any time with or without notice.

La Conner Maritime Service/Maritime Fabrications, Inc. and Smiley's Pro Services is an Equal Opportunity Employer.

Signature

Date