



### Platypus Marine, Inc. Employment Application

Attn: Human Resources, Email: hr@platypusmarine.com or Fax: 360-417-0729

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Date Available: \_\_\_\_\_ Full Time? \_\_\_\_\_ Part Time? \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for Platypus Marine? YES NO If yes, when?

Have you ever been convicted of a felony driving offense or have you been released from prison for a felony driving offense in the previous ten years? YES NO

If yes, explain: \_\_\_\_\_

#### Education

High School or GED: \_\_\_\_\_ City, State: \_\_\_\_\_  
YES NO

Did you graduate?

College: \_\_\_\_\_ City, State: \_\_\_\_\_  
YES NO

Did you graduate? Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City, State: \_\_\_\_\_  
YES NO

Did you graduate? Degree: \_\_\_\_\_



**Skills**

What skills qualify you for this job?: \_\_\_\_\_

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Air Spray Painting  | <input type="checkbox"/> Mobile Crane      | <input type="checkbox"/> Band Saw      | <input type="checkbox"/> Drill Press |
| <input type="checkbox"/> Fiberglass          | <input type="checkbox"/> Forklift          | <input type="checkbox"/> Skill Saw     | <input type="checkbox"/> Lathe       |
| <input type="checkbox"/> Gel Coating         | <input type="checkbox"/> Power Tools       | <input type="checkbox"/> Chop Saw      | <input type="checkbox"/> Shear       |
| <input type="checkbox"/> Mechanic            | <input type="checkbox"/> Tape Measure      | <input type="checkbox"/> Jig Saw       | <input type="checkbox"/> Disc Sander |
| <input type="checkbox"/> Machinist           | <input type="checkbox"/> Fabrication       | <input type="checkbox"/> Grinder       | <input type="checkbox"/> Mill        |
| <input type="checkbox"/> Plumbing            | <input type="checkbox"/> MIG Welding       | <input type="checkbox"/> Die Grinder   | <input type="checkbox"/> Pipe Bender |
| <input type="checkbox"/> Electrical / Wiring | <input type="checkbox"/> TIG Welding       | <input type="checkbox"/> Cut Off Wheel | <input type="checkbox"/> Drill       |
| <input type="checkbox"/> Woodworking/Joinery | <input type="checkbox"/> Aluminum Welding  | <input type="checkbox"/> Gouging Wheel | <input type="checkbox"/> Router      |
| <input type="checkbox"/> Microsoft Office    | <input type="checkbox"/> Sliding Table Saw | <input type="checkbox"/> Small Press   | <input type="checkbox"/> Sawzall     |
| <input type="checkbox"/> QuickBooks          | <input type="checkbox"/> Table Saw         | <input type="checkbox"/> Large Press   |                                      |

Other professional skills or certifications: \_\_\_\_\_

**Previous Employment**

*Please complete even if you are attaching a resume.*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?



518 Marine Drive  
Port Angeles, WA 98363  
Ph: 360-417-0709

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

**References**

*Please list two professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**Military Service**

Are you currently serving in the US Armed Forces? YES NO

Have you ever served in the US Armed Forces? YES NO

If so, do you qualify for Veteran Status? YES NO

Discharge Type: \_\_\_\_\_

**Disclaimer and Signature**

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

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*Platypus Marine provides equal employment opportunities to all employees and applicants for employment, without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital or veteran/military status, pregnancy, HIV status, the presence of disabilities, or any other classification protected by applicable law.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Applicant, New Hire, or Employee Self-Identification of Race/Ethnicity and Gender

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, this employer invites applicants and employees to voluntarily self-identify their race/ethnicity and gender.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be 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.

### Self-Identification

What is your gender? You may mark **only one** box.

Male       Female       I choose not to self-identify

What is your race/ethnicity? You may mark **only one** box.

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 original 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.

I choose not to self-identify.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**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.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_