



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

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?



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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: _____

Voluntary Self-Identification of Disability

Form CC-305
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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.

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: _____