Westport, L.L.C.

Attn: Human Resources, P.O. Box 308, 1807 Nyhus St, Westport, WA 98595 Fax #: (888) 389-5142 Phone #: (360) 268-1800

Employment Application Equal Opportunity Employer

In order to be hired you must be willing to submit to a physical and urinalysis screening. **Today's Date:** ______ **Date Received:** Official Use Only! Personal Information: *Please complete all information. Use ink and print clearly, so we can get to know you! **Last Name: First Name:** Middle Name: **Mailing Address:** (if different from physical) City, State, and Zip Code: Physical Address: City, State, and Zip Code: _____ E-Mail Address: Social Security: XXX-XX-____ Home Phone: (____) ___ - ___ Cell Phone: (____) __ - ___ In case of emergency, notify: ______ Phone: (____) ___ - _____ Position Applied For: **Preferred Worksite**: 50M (Port Angeles) Interior Plant (Port Angeles) 34M, 38M, 40M (Westport) Specific Job Title: Date you are available to work: Have you worked for Westport, L.L.C. or Westport Shipyard, Inc. before? Yes No When? What was your position/supervisors name? Education: City _ High School: Name __ **State** _____ Circle the highest grade completed: 9 10 11 12 GED Are you still attending? Yes No College/Technical or Trade School/or other education/training (List all whether or not degree was obtained) Name City, State Major(s) **Degree** Completed Date(s) U.S. Military Service

If so, do you qualify for veteran status? Yes No

Are you currently serving in the U.S. Armed Forces? Yes No Have you ever served in the U.S. Armed Forces? Yes No

Abilities	& Skille							
		experiences,	or aptitude th	at you believ	ve would be	helpful in the	e position yo	u applied for:
		•	sed these skil		•		l, etc.	
			e skills – for				1	1
Power tools	Fiberglass	Chopper gun	Gelcoating	Painting cars	Blueprints	Sanders	Buffers	Grinder
Drills	Tape measure	Steel fab	Small tool repair	Warehouse	Drill Press	Machinist	Impact Wrench	Air Ratchet
Press brake	Punch press	Metal shear	Hand lay-up	Plumbing	Wiring	Hand Tools	Power Sewing Machine	Woodworking
Forklifts	MIG Welding	TIG Welding	Arc welding	Aluminum Welding	Car Mechanics	Air Spray Painting	12 Volt Wiring	Upholstery
Staple gun	Uni-shears	Screw gun	Pop rivet gun	MS Word	MS Excel	MS Access	MS Power Point	Other
Please acco	ount for the la	ast 5 years and Addition a	l sheets may	starting with be added if i		ent employe	r. <u>Complete</u>	e even if you
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Personal References:							
List 2 references other than family members.							
Name	City, State	Phone					
Referred by:							
Newspaper		Internet Site					
Friend	Westport Employee						
Relative		Other					
Application Certification:							
Note! You must read and sign below	for this application to be con	onsidered!					
 indicated below. I understand reapply. In consideration of my employ the company. In processing my application application for employment investigation. I authorize each investigation to provide inform the termination of my employment organizations for employment organizations named in this adamage whatsoever incurred in the company's total pre-employment organization that the company and examination that the company any time at the company's reamedical exams I may be required. I agree that my employment cause or notice, at any time, manager or representative of company, has the authority to The answers to the above of 	that if I wish to be consider yment, I agree to comply wi for employment, the compa as well as other information a person or organization name mation about my employment doyment, work performance nt. Furthermore, I hereby pplication or discovered in the in providing, receiving or in- eceive from Westport, L.L.O. oyment screening process, i my satisfactory completed y may require. I also agree, quest. I hereby consent to he ired to take disclosed to West- with Westport, L.L.C. is stat the option of either the the company, other than the enter into any agreement with questions are true and corre-	including the company's receiving referer ion of any post offer pre-employmen, if employed, to submit to a medical exant having the results of any post-offer pre-entestport, L.L.C. strictly "at will" and may be terminated the company or myself. I further understant the president, General Counsel, or other offer.	cedures of ned in this urse of its course of reason for ent to my ersons and ity and for appletion of nees that it t medical mination at apployment without nd that no icer of the y false or				

immediate dismissal in which case any offer of employment will be considered null and void in its entirety. I consent and agree that any and all disputes, claims, causes of action or lawsuits against my employer and or the owner of any property to which I am assigned (including any personal injuries arising out of my employment) shall be filed exclusively in the United States District Court for the Western District of

arising out of related to my employment (including any personal injury claims).

Signature of Applicant: ______ Date Signed: _____

Drug and Alcohol Free Work Environment Policy:

To ensure a safe and productive work environment, to safeguard property of the Company and its personnel, and to adhere to the regulations of the United States Coast Guard and all other applicable laws, Westport, L.L.C. strictly prohibits the presence, use, sale, transfer or possession of alcohol, drugs, drug paraphernalia, controlled substances, drugs of chemical concern as declared by DEA, such as all herbal incense (K2, JWH-018, Mojo/Spice, etc.) or any mind altering substance on any company vessels in/on any premises of the company, at any worksites, and while any employee is within the course and scope of his/her employment. Company vehicles, as well as private vehicles parked on the company's premises or worksites (including parking lots) are locations included within this prohibition. Additionally, the company strictly prohibits any employee from having any amount of alcohol, drugs, or controlled substances, drugs of chemical concern as declared by DEA, such as all herbal incense (K2, JWH-018, Mojo/Spice, etc.) or any mind altering substance present in his or her body while within the course and scope of his/her employment. Any employee found in violation of this policy is subject to disciplinary action, including immediate discharge. Furthermore, depending on the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any employee who violates this policy.

Any non-employees aboard the Company's vessels or located on the Company's premises—visitors, contractors, etc.—are expected to comply with this policy for a drug and alcohol free work environment, and if suspected to be in violation of it, may be removed from the Company's premises and denied future access.

The Company will require all applicants for employment to submit to a urinalysis, hair analysis, breath, saliva, and/or blood test for drugs and/or alcohol as a pre-condition for employment. The company may also require any employee to submit to a urinalysis, hair analysis, breath, saliva, and/or blood test for drugs and/or alcohol in the following circumstances:

- Following an accident, incident or illness occurring within the course and scope of employment;
- Whenever there is reasonable suspicion to believe that an employee is using drugs or alcohol in violation of the company's policy;
- In the event of a company vessel accident, the entire crew will be given a urinalysis, breath, saliva, hair analysis, and/or blood test for drugs and/or alcohol;
- As part of periodic examinations; and,
- On a random selection basis and any other time deemed appropriate by the management of the company, without prior announcement.

Failure to submit to the tests noted above will result in disciplinary action, up to and including termination. Please note that all positive DOT tests will be forwarded to the appropriate regulatory agency.

As per the United States Coast Guard, it remains unacceptable for any safety-sensitive employee serving the maritime industry, and subject to the Department of Transportation's drug testing regulations, to use marijuana/THC for recreational and/or medicinal purposes. This remains true even in situations where its use was considered lawful (i.e. in states where its use for recreational and/or medicinal purposes is allowed).

Application Certification:

I hereby acknowledge that I have read the foregoing policy and fully understand it. I further agree to abide by the policy and acknowledge that compliance with the policy is a condition of employment with the company. I further acknowledge that I have been advised that I may make a written request for a complete and accurate disclosure of the nature and scope of the tests conducted.

I also understand and have been advised that I should not rely on attempted oral modification of the policy, and that the only modifications or amendments, which are binding on the company, are those that are in writing and signed by all parties.

Signature of Applicant:	Date Signed:
Digitature of Applicant.	Date Signed.