



**Abilities & Skills:**

Describe any abilities, experiences, or aptitude that you believe would be helpful in the position you applied for:

1. Write in the box how you have used these skills – for example: work, home, school, etc.
2. List how long you have had these skills – for example: 6 months, 1 year, etc.

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

**Work Experience / Employment History:**

Please account for the last 5 years and/or 3 jobs, starting with the most recent employer. **Complete even if you are attaching a resume.** Additional sheets may be added if necessary.

May we contact your current employer?  Yes  No

**Company Name:** \_\_\_\_\_ **Employment Dates:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Title:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

**What kind of work did you do?** \_\_\_\_\_ **Why did you leave?** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Employment Dates:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Title:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

**What kind of work did you do?** \_\_\_\_\_ **Why did you leave?** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Employment Dates:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Title:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

**What kind of work did you do?** \_\_\_\_\_ **Why did you leave?** \_\_\_\_\_

**Personal References:**

List 2 references other than family members.

Name	City, State	Phone

**Referred by:**

- Newspaper \_\_\_\_\_
- Friend \_\_\_\_\_
- Relative \_\_\_\_\_

- Internet Site \_\_\_\_\_
- Westport Employee \_\_\_\_\_
- Other \_\_\_\_\_

**Application Certification:**

Note! You must read and sign below for this application to be considered!

- I understand that this application shall be considered active for a period of time not to exceed thirty (30) days indicated below. I understand that if I wish to be considered for employment beyond this time period, I must reapply.
- In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company.
- In processing my application for employment, the company may investigate all information contained in this application for employment as well as other information, which may be discovered in the course of its investigation. I authorize each person or organization named in this application or discovered in the course of investigation to provide information about my employment record, including the statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. Furthermore, I hereby release this organization and other persons and organizations named in this application or discovered in the course of investigation from all liability and for damage whatsoever incurred in providing, receiving or investigation this application.
- Any offer of employment I receive from Westport, L.L.C. is contingent upon my successful completion of the company’s total pre-employment screening process, including the company’s receiving references that it considers satisfactory, and my satisfactory completion of any post offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company’s request. I hereby consent to having the results of any post-offer pre-employment medical exams I may be required to take disclosed to Westport, L.L.C.
- I agree that my employment with Westport, L.L.C. is strictly “at will” and may be terminated without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the president, General Counsel, or other officer of the company, has the authority to enter into any agreement with me for the employment.
- The answers to the above questions are true and correct to the best of my knowledge. Any false or misleading statements or any information which is intentionally excluded by me herein is grounds for 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 Washington, and I understand and agree that the United States District Court for the Western District of Washington shall be the exclusive forum for any and all such claims which may be asserted by me or on my behalf. In consideration for this agreement, my employer and the owners of any property to which I am assigned consent to the exclusive jurisdiction of the United States District court for the Western District of Washington for any and all disputes, claims, causes, of action or lawsuits brought by me or on my behalf 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 detectable 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 requires pre-employment 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:** \_\_\_\_\_