



# MARINE GROUP BOAT WORKS

SAN DIEGO BAY | LOS CABOS

## Marine Group Boat Works

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## EMPLOYMENT APPLICATION

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

AA/EEO/VEVRAA - Marine Group Boat Works, LLC is an AA/EEO employer and VEVRAA contractor and shall abide by the requirements of 41 CFR 60-741.5(a). This regulation prohibits discrimination against qualified individuals on the basis of disability, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity or national origin.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.**

### PERSONAL

NAME		Date:	
STREET			
CITY		STATE	ZIP
CELL PHONE	HOME PHONE	E-MAIL	

### EDUCATION

NAME & LOCATION (Address, City, State)	DEGREE/MAJOR/GPA	Graduate? Y or N	# of Years Completed
HIGH SCHOOL			
COLLEGE			
OTHER			

### SPECIAL SKILLS/TRAINING/CERTIFICATIONS (Applicable To Employment)


### MILITARY SERVICE

POSITION	RANK	DUTIES	SALARY		REASON FOR CHANGE IN RANK
			FROM	TO	

**EMPLOYMENT (Start with most Recent)**

FROM	TO	EMPLOYER	TEL.
JOB TITLE		DUTIES	
SUPERVISOR'S NAME			
STARTING SALARY			
ENDING SALARY		REASON FOR LEAVING	

MAY WE CONTACT EMPLOYER AT ABOVE NUMBER?  YES  NO

**EMPLOYMENT (Start with most Recent)**

FROM	TO	EMPLOYER	TEL.
JOB TITLE		DUTIES	
SUPERVISOR'S NAME			
STARTING SALARY			
ENDING SALARY		REASON FOR LEAVING	

MAY WE CONTACT EMPLOYER AT ABOVE NUMBER?  YES  NO

**EMPLOYMENT (Start with most Recent)**

FROM	TO	EMPLOYER	TEL.
JOB TITLE		DUTIES	
SUPERVISOR'S NAME			
STARTING SALARY			
ENDING SALARY		REASON FOR LEAVING	

MAY WE CONTACT EMPLOYER AT ABOVE NUMBER?  YES  NO

**ADDITIONAL DATA** (please answer all questions in this section)

POSITION APPLIED FOR:	
SCHEDULE DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	
LIST ANY DAYS/HOURS YOU ARE UNABLE TO WORK:	
RATE OF PAY DESIRED:	
HOW DID YOU HEAR ABOUT THIS JOB?	
HAVE YOU WORKED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW LONG?
PREVIOUS POSITION AT MGBW:	
REASON FOR LEAVING MGBW:	
LIST FRIENDS OR RELATIVES WORKING WITH US NOW:	

**PERSONAL REFERENCES**

NAME	ADDRESS	RELATIONSHIP	TELEPHONE

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

# Application for Employment EEO Reporting Survey

In order to comply with reporting requirements under federal law, we ask you to complete this survey. The information you are asked to give will be used solely for the purposes of compliance with federal requirements. It will not be used for hiring, placement, or any other decision related to terms and conditions of employment. This form will be stored in a separate location from your applicant or employment file.

This form is to be completed on a voluntary basis. You are not obligated to provide the information requested if you do not wish to do so. Refusal to provide this information will not affect your consideration for employment.

Do not hesitate to ask for assistance if you have any difficulty completing this form. Thank you for your cooperation.

**PLEASE PRINT OR TYPE:**

Last Name	First Name	MI	Date	Position Sought

**RACE/ETHNICITY:**

RACE (If two or more, please specify both)	SEX
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not of Hispanic origin) <input type="checkbox"/> Black or African American (not of Hispanic origin) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian / Indian <input type="checkbox"/> Decline to State	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

The following definitions apply to the racial/ethnicity categories listed on this form:

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian/Indian:** 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.

**Black or African American (not of Hispanic origin):** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White (not of Hispanic origin):** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Hispanic or Latino (all other races):** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than white.