



**MARINE GROUP
BOAT WORKS**

SAN DIEGO BAY | LOS CABOS

Marine Group Boat Works
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Email: jobs@marinegroupbw.com
www.marinegroupbw.com

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. Marine Group Boat Works is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

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 | |
| ARE YOU AT LEAST 18 YRS OLD? YES _____ NO _____ | | ARE LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE US? _____ | |

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION

| NAME & LOCATION (Adress, 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 | REASON FOR CHANGE IN RANK |
|----------|------|--------|---------------------------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT (Starting With Most Recent/ Current Job) *PLEASE FILL IN EVERY BOX

| | | | |
|---------------------|----|-----------|------|
| FROM | TO | EMPLOYER: | TEL. |
| JOB TITLE | | | |
| SUPERVISOR'S NAME | | DUTIES: | |
| REASON FOR LEAVING: | | | |

MAY WE CONTACT EMPLOYER AT ABOVE NUMBER? YES NO

EMPLOYMENT *PLEASE FILL IN EVERY BOX

| | | | |
|---------------------|----|-----------|------|
| FROM | TO | EMPLOYER: | TEL. |
| JOB TITLE | | | |
| SUPERVISOR'S NAME | | DUTIES: | |
| REASON FOR LEAVING: | | | |

MAY WE CONTACT EMPLOYER AT ABOVE NUMBER? YES NO

EMPLOYMENT *PLEASE FILL IN EVERY BOX

| | | | |
|---------------------|----|-----------|------|
| FROM | TO | EMPLOYER: | TEL. |
| JOB TITLE | | | |
| SUPERVISOR'S NAME | | DUTIES: | |
| 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"/> 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 (if known) | 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

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.

MARINE GROUP BOAT WORKS

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 Latinó | <input type="checkbox"/> MALE |
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> FEMALE |
| <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 | |

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.