



**MARINE GROUP  
BOAT WORKS**

SAN DIEGO BAY | LOS CABOS

**Marine Group Boat Works**

997 G Street • Chula Vista, CA 91910  
Ph (619) 427-6767 • Fax 619-427-0324  
Email: [jobs@marinegroupbw.com](mailto:jobs@marinegroupbw.com)  
[www.marinegroupbw.com](http://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  
Page 1 of 1

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](http://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: \_\_\_\_\_

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.