



AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

APPLICANT INFORMATION				
Last Name		First		M.I. Date
Street Address			Apartment/Unit #	
City		State		ZIP
Phone ()		E-mail Address		
Emergency Contact:		Contact's Phone: ()		
Contact's Address:				
Relationship:		Date Available:		Are you available for extra time? YES <input type="checkbox"/> NO <input type="checkbox"/>
Position Applying for:			Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		May we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for Metson Marine before?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?
Do you have any friends/relatives working for Metson?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, state name(s)/relationship
Why are you applying for work at Metson Marine?				
If hired do you have a reliable means of transportation to & from work?		YES <input type="checkbox"/> NO <input type="checkbox"/>		What days are you available to work? All: ___ Mon: ___ Tues: ___ Wed: ___ Thurs: ___ Fri: ___ Sat: ___ Sun: ___
Are you able to perform the essential functions of the job for which you are applying?*		YES <input type="checkbox"/> NO <input type="checkbox"/>		How did you hear about Metson?
Have you ever been convicted of a criminal offense, felony, or serious misdemeanor?***		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, state the nature of the crime(s), when & where convicted, & the disposition of the case
<small>Note: You need not list convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated or misdemeanor convictions for which probation has been successfully completed or otherwise discharged or judicially dismissed.</small>				

EDUCATION				
High School:				
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College				
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Business/Trade:				
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

*Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform functions. Hire may be subject to passing a medical examination, as well as skill and agility tests.

**Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances, & the relevance of the offense to the position(s) applied for may however be considered.



MARINE LICENSES & RATINGS			
<i>Please specify type, tonnage, ocean or near coastal, and horse power.</i>			
Master:		Engineer:	
Mate:		D.D.E.:	
Do you have a Merchant Mariner Credential?	YES <input type="checkbox"/> NO <input type="checkbox"/>	A.E.:	
TWIC?	YES <input type="checkbox"/> NO <input type="checkbox"/>	A.B. (list type):	
Q.M.E.D.?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Has your license ever been revoked or suspended?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, state the reason(s), date of revocation/suspension:			

EXPERIENCE		
<i>What kinds of industry-related experience do you have? (Mark all that apply)</i>		
<input type="checkbox"/> Construction –On Boats	<input type="checkbox"/> Maritime Academy Graduate	<input type="checkbox"/> Supply Vessels
<input type="checkbox"/> Crew Vessels	<input type="checkbox"/> Oil spill recovery Vessels	<input type="checkbox"/> Tug/Towing Vessels
<input type="checkbox"/> Fishing Vessels	<input type="checkbox"/> Pleasure Vessels (dive, tour, etc.)	<input type="checkbox"/> United States Coast Guard
<input type="checkbox"/> Inland Waters	<input type="checkbox"/> Research Vessels	<input type="checkbox"/> United States Navy Vessels
<input type="checkbox"/> Large/Cargo Vessels	<input type="checkbox"/> Salvage Vessels	
<i>Mark any certificates, licenses, or endorsements held in the following areas:</i>		
<input type="checkbox"/> C.P.R. Certified	<input type="checkbox"/> First Aid	<input type="checkbox"/> Safety At Sea
<input type="checkbox"/> Damage Control Training	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> SCBA Certified
<input type="checkbox"/> Dynamic Positioning	<input type="checkbox"/> Lifeboatman Endorsement	<input type="checkbox"/> Survival School
<input type="checkbox"/> Emergency Medical Training	<input type="checkbox"/> Marine Radio Operator	<input type="checkbox"/> Tankerman Endorsement
<input type="checkbox"/> Fire Fighting	<input type="checkbox"/> Radar Observer	<input type="checkbox"/> Welding School/ Training
<i>Mark any special or occupational skills relating to the marine industry:</i>		
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Oiler Experience	<input type="checkbox"/> Security Clearance (list below)
<input type="checkbox"/> Carpentry (on boats)	<input type="checkbox"/> Painting (on boats)	<input type="checkbox"/> Speak Foreign Language (list below)
<input type="checkbox"/> Diesel Mechanic	<input type="checkbox"/> Plumbing Experience	<input type="checkbox"/> Tankerman Experience
<input type="checkbox"/> Diving SCUBA Certified	<input type="checkbox"/> Radar Observer-Unlicensed	<input type="checkbox"/> Welder Unlicensed
<input type="checkbox"/> Electrical-Unlicensed	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Other (specify below)
Other:		
Describe the types of vessels you have worked on i.e.: name, size, HP etc. Include all relevant experience particularly on Navy, USCG, Research vessels.		

REFERENCES			
<i>Please list three references (excluding relatives). You must complete this section even if you are attaching a resume.</i>			
Full Name	Relationship	Years Known:	
Company	Phone ()		
Address			



Full Name	Relationship	Years Known:	
Company	Phone ()		
Address			
Full Name	Relationship	Years Known:	
Company	Phone ()		
Address			

EMPLOYMENT HISTORY

List all present and past employment starting with most recent. Account for all periods of unemployment. Complete this section even if submitting a resume.

Company	Phone ()		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

Company	Phone ()		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

Company	Phone ()		
Address	Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		



DISCLAIMERS AND SIGNATURE

Please read the following paragraphs carefully. Initial next to each paragraph & sign below.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability of employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the agreement as to dispute, either oral or written.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and maybe terminated at any time, with or without prior written notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representatives.

I understand that any offer of employment by the company is conditioned upon my submission to and successful passage of a drug and alcohol-screening test. I hereby consent to such testing and authorize the release of the test results to the company for use in evaluating my fitness for duty.

Signature:

Date:

SUBMISSION

Use any of the following methods to submit this application:

Send completed application to: METSON MARINE, INC
ATTN: Human Resources Department
2060 Knoll Drive Suite #100
Ventura, CA 93003

FAX to: (805) 658-2064

Email to: jobs@metsonmarine.com



EEO Voluntary Self-Identification Form

The information below is used by the company only to maintain records required of employers pursuant to federal regulations. Any information supplied by you will not affect your employment with the Company. The Company is an Equal Opportunity Employer. The Company complies with various federal and state laws and regulations that require the Company to file annual statistical reports on applicants and employees at the Company. In order to assist us in reporting accurate information and in analyzing the effectiveness of our diversity initiatives, we request your voluntary cooperation of self-identifying your race, ethnicity, and veteran status. Completion of this form is voluntary and all information gathered from the survey will be kept confidential. Refusal to complete this form will not result in adverse action. You may self-identify at any time now or in the future.

Applicant Name _____

I understand the reason for this request for voluntary self-identification as stated above and choose to decline.

OR

I understand the reason for this request for voluntary self-identification as stated above and have opted to complete this form.

Gender: Male Female

Race/Ethnicity:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Yes No

If you answered no to the question above, please select the appropriate designation below:

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

Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.

Native or Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): 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.

American Indian or Alaskan Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North American (including Central America), and who maintain tribal affiliations or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Please check applicable boxes below:

Military Veteran Yes No

Veteran Status: (if applicable)

Disabled Veteran **Recently Separated Veteran** (an individual within three years of separation from military Service)

Armed Forces Service Medal Veteran **Active wartime or campaign badge veteran**

Applicant Signature _____

Date _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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

Name (Printed)

Signature

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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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.

ⁱ 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.