



ALUMINUM CHAMBERED BOATS, INC.

EMPLOYMENT APPLICATION

809 Harris Avenue, Bldg # 6
 Bellingham, WA 98225
 Phone (360) 734-3342
 Fax (360) 756-1562

Aluminum Chambered Boats, Inc. is an Equal Opportunity Employer
 and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national
 origin, marital status, disability status, or any other basis prohibited by federal, state, or local law.

Please Print in Ink

This form must be filled out **completely**, including an **original signature and date**.

PERSONAL INFORMATION

Job Title for which you are applying:			
Last Name	First Name	Middle Name or Initial	
Mailing Address	City	State	Zip Code
Home Phone with Area Code	Work Phone with Area Code	Cellular Phone Number (optional)	
Pager or Message Number (optional)	Email Address (optional)		

EDUCATION/TRAINING

High School	Location (City & State)	Graduate/G.E.D. <input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Major	Degree Title	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Major	Degree Title	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vocational Training	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Trade, Other Training	Location (City & State)	Years Completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Other valid professional licenses and certificates	Type of License	Issuing State	Registration #	Expiration Date

EMPLOYMENT HISTORY

Beginning with your present or most recent employer, list your work record for the past 10 years. In evaluating your qualifications, preference will be given to experience during that period. However, if you feel that your work experience beyond 10 years is important, please include it. Include any periods of self-employment, military service, and any job-related volunteer experience. If more than one position has been held with the same employer, list each separately. If additional space is necessary, please attach a separate sheet. Complete all sections completely and accurately to the best of your ability.

A résumé is optional and will not be accepted in lieu of completing this section.

A brief listing of duties must be completed on this form. "See résumé" or "See attached" are not acceptable.

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Title	Supervisor's Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:
Dates Employed (From Mo./Yr. To Mo./Yr.)	Hours per week:	Last Hourly Rate or Monthly Salary:	
Duties:			
Reason for leaving or considering change:			

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Title	Supervisor's Phone Number	Number of employees supervised by you:	
Dates Employed (From Mo./Yr. To Mo./Yr.)	Hours per week:	Last Hourly Rate or Monthly Salary:	
Duties:			
Reason for leaving or considering change:			

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Title	Supervisor's Phone Number	Number of employees supervised by you:	
Dates Employed (From Mo./Yr. To Mo./Yr.)	Hours per week:	Last Hourly Rate or Monthly Salary:	
Duties:			
Reason for leaving or considering change:			

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Title	Supervisor's Phone Number		Number of employees supervised by you:
Dates Employed (From Mo./Yr. To Mo./Yr.)	Hours per week:	Last Hourly Rate or Monthly Salary:	
Duties:			
Reason for leaving or considering change:			

Job Title		Employer's Name and Address	
Supervisor's Name			
Supervisor's Title	Supervisor's Phone Number		Number of employees supervised by you:
Dates Employed (From Mo./Yr. To Mo./Yr.)	Hours per week:	Last Hourly Rate or Monthly Salary:	
Duties:			
Reason for leaving or considering change:			

PROFESSIONAL REFERENCES

List those who are familiar with your work experience (other than those listed above in your employment history).	
1. Name	Current Phone Number
Title	Organization/Business
2. Name	Current Phone Number
Title	Organization/Business
3. Name	Current Phone Number
Title	Organization/Business

Additional Training/Skills Information

<p>Skills and information relating to position applied for or of general interest:</p> <p>Describe hobbies, special interests, awards and activities: (Omit references to organizations or activities which have racial, religious or sex identification)</p>
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OTHER INFORMATION

Social Security Number: _____	
After reviewing the job announcement, is there any reason that would prevent you from performing the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you wish to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Are you willing and available to work? <input type="checkbox"/> Days <input type="checkbox"/> Swing Shift <input type="checkbox"/> Overtime <input type="checkbox"/> Weekends <input type="checkbox"/> Nights <input type="checkbox"/> Holidays <input type="checkbox"/> On-Call <input type="checkbox"/> Evenings
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date available to begin work: _____
Salary Required: _____ (hour/month/annual)	
Are you over the age of 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged (fired) or resigned (quit) in lieu of discharge, except for lay off because of lack of work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	
Veteran of U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Discharged: _____
Service Branch: _____	
Final Rank _____	

AGREEMENT, CERTIFICATION, & AUTHORIZATION

Please read carefully before signing

I certify that all statements made in this application are true, complete, and correct to the best of my knowledge, and that any misrepresentation or omission shall be considered sufficient cause for employment disqualification or discharge. Any false or misleading information furnished by me regarding this application will result in the rejection of this application or termination if employed by the Company.

I authorize Aluminum Chambered Boats, Inc. to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and Aluminum Chambered Boats, Inc. from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Aluminum Chambered Boats, Inc.

In the event of my employment with Aluminum Chambered Boats, Inc., I will comply with all rules, regulations, and policies set forth in the employee handbook, policy manual and the communications distributed by Aluminum Chambered Boats, Inc.

I agree to take any physical examination, pre-employment and random drug screening that the Company may request as a condition to present or future employment.

I hereby acknowledge that I have read, understand and agree to the above statements.

Applicant Signature: _____ **Date:** _____

Aluminum Chambered Boats, Inc. is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability status, or any other basis prohibited by federal, state, or local law.

In compliance with the Americans with Disabilities Act, disability will be considered only in the context of an applicant's ability to perform the essential functions of the job and to determine reasonable accommodation.



Aluminum Chambered Boats, Inc.

DRUG & ALCOHOL POLICY

In a commitment to provide a safe workplace and promote high standards of health and safety, Aluminum Chambered Boats, Inc. has established a Drug and Alcohol Policy which applies to all employees.

1. The Company prohibits the illegal use (as evidenced by detectable presence in body), possession, sale, manufacture, or distribution of drugs, alcohol or other controlled substances on its property. It is also against Company policy to report to work under the influence of drugs or alcohol. Employees who violate this policy are subject to discharge.
2. Applicants will be screened and tested to detect illegal substance use. Persons who fail or refuse to take the drug test will not be hired.
3. A blood test, urinalysis, or other drug/alcohol screen may be required by Aluminum Chambered Boats, Inc.; of all applicants for employment; of all employees at any time (not applicable in California); an employee who is working in or applying for a job which has been designated by the Company as a "safety risk" job classification; or any employee where there is reason to believe that his/her job performance may be impaired by the use of drug or under the influence of alcohol. An employee's refusal to cooperate with such request and provide specimen is grounds for disciplinary action up to and including termination of employment.
4. To ensure that drugs and alcohol do not enter or affect the workplace, Aluminum Chambered Boats, Inc. reserves the right to search all vehicles, containers, lockers, or other items on Company premises in furtherance of this policy. Individuals may be requested to display personal property for visual inspection upon Company request. Failure to consent to search or display for visual inspection will be grounds for termination.
5. Searches of employee's personal property will take place only in the employee's presence. All searches under this policy will occur with the utmost discretion and consideration for the employees involved.

The contents of these drug and alcohol guidelines are presented as statement of the Company's current policy, which is subject to change by the Company. These guidelines are not intended to create a contract of employment or any other type with the Company to a specific or definite period of employment or to any specific policies, procedures, actions, rules, or terms and conditions of employment.

Employees, as a condition of employment, are required to abide by these guidelines.

Print Name

Signature

Date



ALUMINUM CHAMBERED BOATS, INC

Drug Testing Consent Form

Pursuant to my application for employment with **ALUMINUM CHAMBERED BOATS, INC**, I consent to take a drug test as part of the company's drug free workplace policy and substance abuse policy.

I understand that the collection, testing, and reporting of my drug or alcohol test results will be done in accordance with standard chain of custody procedures.

I consent to the release of my test results received from the testing laboratory by Minert & Associates, Inc. to management officials at **ALUMINUM CHAMBERED BOATS, INC** and understand that those results will be held in confidence by all parties involved.

I understand that if I test positive for the presence of illegal drugs, I will have an opportunity to discuss that result with the staff of Minert & Associates, Inc., for the purpose of providing a reasonable explanation regarding my positive drug test.

I further understand that if my test remains positive for the presence of illegal drugs, I will not be offered employment with the company.

I understand the terms of **ALUMINUM CHAMBERED BOATS, INC'** drug testing policy.

Applicant's Name (PRINT)

Applicant's Home Phone Number

Applicant's Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY

Completion of this page is optional

Aluminum Chambered Boats, Inc. is an Equal Opportunity Employer. To help us comply with government record keeping, reporting, and other legal requirements, please complete the survey section below. Providing this information is entirely voluntary. Upon receipt, this information will be immediately removed from the application form, kept in a confidential separate file and will not be used in the evaluation of your application.

Applicant Name: _____

Job Title Applied for: _____

Sex: **Male** **Female**

Age 40 or Over? **Yes** **No**

Race: (choose only one)

- White/Caucasian:** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black/African American:** Persons having origins in any of the Black racial groups of Africa.
- Hispanic/Latino:** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin unique to the Americas, regardless of race.
- Asian/Pacific Islander:** Persons having origins in the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. These areas include China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian/Alaska Native:** Persons having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

Disability Status: A person with a disability is a person who has a physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment, or is perceived as having such an impairment, as defined by the Americans with Disabilities Act. "Substantially limits" means you are either unable to perform or are significantly restricted in performing a major life activity, such as caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.

Do you meet this definition? **YES** **NO**

Accommodation to participate in the job application and/or selection process for employment will be made upon request with reasonable notice. Please contact the Human Resources Department for further information.

How did you learn of this employment opportunity?

- ACB's Website
- Bellingham Herald
- Worksource Washington
- Skagit Valley Herald
- ACB Employee
- Walk-in
- Other Internet Website: _____
- Other: _____