

Application for Employment



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 Freeland, WA 98249
 Phone: (360) 331-5500
 Fax: (360) 331-7484
 E-mail: nichols@whidbey.com
 Website: www.nicholsboats.com

Ice Floe, LLC dba Nichols Brothers Boat Builders, is an Equal Opportunity Employer (EOE). All applicants will receive consideration for employment without regard to race, age, color, religion, sex, sexual orientation, national origin, disability, marital status, amnesty or status as a covered veteran or any other protected characteristic as established by law.

ALL AREAS MUST BE COMPLETED EVEN IF YOU SUBMIT A RESUME WITH YOUR APPLICATION

APPLICANT INFORMATION				
NAME <i>Last</i>		<i>First</i>	<i>Middle</i>	DATE
ADDRESS		<i>Street</i>	<i>City and State</i>	<i>Zip Code</i>
MAILING ADDRESS <i>(if different)</i>		<i>Street</i>	<i>City and State</i>	<i>Zip Code</i>
PHONE <i>Home phone#:</i>		E-MAIL ADDRESS		
<i>Work/Cell# :</i>		<i>May we contact you at work?</i>		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
POSITION APPLIED FOR	DATE AVAILABLE	HOW DID YOU HEAR ABOUT THIS POSITION?		

EDUCATION RECORD- Please list present and past education, beginning with the most recent			
Name and Location of Institution of Learning	Major	Number of Years Attended	Degree, Diploma or Certificate Received
High School			
College			
Trade School(s)			

SCREENING TESTS FOR ILLEGAL DRUG USE ARE REQUIRED AS A CONDITION OF EMPLOYMENT AT NICHOLS BROTHERS BOAT BUILDERS.

EMPLOYMENT HISTORY – Please list present and past employment, beginning with the most recent					
1) Name and Address of Employer	Dates of Employment		Salary		Name of Supervisor and Phone Number
	From (mo/yr)	To (mo/yr)	Starting	Ending	
					May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

Job Title: _____

Duties Performed: _____

Reason for Leaving: _____ Name if different from time of this application: _____

EMPLOYMENT HISTORY – Please list present and past employment, beginning with the most recent					
2) Name and Address of Employer	Dates of Employment		Salary		Name of Supervisor and Phone Number
	From (mo/yr)	To (mo/yr)	Starting	Ending	
					May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

Job Title: _____

Duties Performed: _____

Reason for Leaving: _____ Name if different from time of this application: _____

EMPLOYMENT HISTORY – Please list present and past employment, beginning with the most recent					
3) Name and Address of Employer	Dates of Employment		Salary		Name of Supervisor and Phone Number
	From (mo/yr)	To (mo/yr)	Starting	Ending	
					May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO

Job Title: _____

Duties Performed: _____

Reason for Leaving: _____ Name if different from time of this application: _____

If you need more space for employment history, please print or request addition copies of this page.

PERSONAL REFERENCES – Please include two business references and one social reference.			
Name and Title	Occupation	Address	Telephone Numbers

RELEVANT SKILLS OR TRAINING – Please indicate any skills/training you have related to the position you are seeking

ADDITIONAL INFORMATION	YES	NO
Have you previously worked for Nichols Brothers Boat Builders? If yes, dates of employment From _____ To _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you eligible for employment in the United States of America for all employers?	<input type="checkbox"/>	<input type="checkbox"/>
Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>

I hereby affirm that my answers to these statements and questions are true and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any misrepresentation, deception, or false statement made in the Employment Application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for, and may result in, my immediate termination. I understand that the Company required the successful completion of a Pre-Employment Drug Test as a condition of employment. I hereby consent to said test, at the Company's discretion.

Print Name

Date

Signature

APPLICANT AFFIRMATIVE ACTION INFORMATION

Nichols Brother Boat Builders is subject to certain governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, the employer invites applicants to voluntarily self-identify gender, race, and ethnicity. **Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information is kept confidential and is only used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.** When reported, data will not identify any specific individual.

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, disability, or other basis protected by local, state, or federal law.

PLEASE PRINT

Name:	Date:
Position Applied for (list only one):	

<p>1. Are you Hispanic or Latino/a? A person of Cuban, Mexican, Chicano/a, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Yes (Skip to question #3)</p> <p><input type="checkbox"/> No (Go to question #2)</p>	<p>3. What is your gender?</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>
<p>2. What race or races do you consider yourself to be? (Check all that apply)</p> <p><input type="checkbox"/> White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa</p> <p><input type="checkbox"/> Black or African American: a person having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</p> <p><input type="checkbox"/> Asian: 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</p> <p><input type="checkbox"/> American Indian or Alaskan Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment</p>	
<p><input type="checkbox"/> I do not wish to Self-Identify</p>	