

## Application for Employment with Sound Propeller Systems, LLC.

We are a Marine propulsion service provider and manufacturing company. Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Position applied for \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

When can you start? \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You will be required to provide documentation.) ☐ Yes ☐ No

Are you 18 years or older? ☐ Yes ☐ No

Are you looking for full-time employment? ☐ Yes ☐ No

If no, what hours are you available? \_\_\_\_\_

Is there any reason that you might be unable to meet our attendance requirements? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

Are you willing to work overtime? ☐ Yes ☐ No

Are you able to safely lift 50 pounds? ☐ Yes ☐ No

Are you willing to work over water? ☐ Yes ☐ No

Are you willing to work outside in varying weather conditions? ☐ Yes ☐ No

Are you able to travel out of state? ☐ Yes ☐ No Out of Country? ☐ Yes ☐ No

Do you have a valid Washington State Drivers License? ☐ Yes ☐ No

Do you have a Valid Passport? ☐ Yes ☐ No

Do you have a TWIC Card? ☐ Yes ☐ No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)  
☐ Yes ☐ No

If yes, please describe conditions. \_\_\_\_\_

\_\_\_\_\_

**Education**

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History (Start with most recent employer)**

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Attach any other necessary information.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the owner has any authority to alter the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_