



Mare Island Dry Dock, LLC  
1180 Nimitz Ave  
Vallejo, CA 94592

## **NOTICE TO ALL APPLICANTS**

### **IN COMPLETING YOUR JOB APPLICATION, MAKE CERTAIN THAT:**

- A. All questions have been answered completely and truthfully, including reference phone numbers.
- B. Your educational and employment background have been accurately reported, including dates.
- C. You have completed all information requested (even if you have an attached resume).
- D. You have signed your application and attached forms.

### **APPLICATION PROCEDURE:**

- A. Human Resources and the department head or management will review your application. If it is determined that an interview is appropriate, you will be interviewed or contacted by telephone to set up an appointment.
- B. All applications are held on file in the Human Resources Department for six (6) months. Your application will remain active for ninety (90) days.
- C. If you need any assistance in completing this application, please advise the Human Resources Department immediately.

## **DRUG/ALCOHOL TESTING OF ALL APPLICANTS**

Mare Island Dry Dock, LLC. has implemented a policy of drug/alcohol testing of all applicants offered employment. The use of marijuana that impairs work performance is not allowed and may disqualify an applicant from employment. The following guidelines apply.

- A. An applicant is defined as an individual who has not worked on the payroll for this company or a rehire after one year lapse in employment.
- B. Only applicants that have accepted a conditional offer of employment will be subject to drug/alcohol testing. This testing must take place prior to the applicant becoming an employee.
- C. Due to the fact that it may take several days for the drug/alcohol test results to be determined, applicants will not be put on the payroll until these results are known, and all other conditions of employment are met. An applicant that fails to pass the drug/alcohol test will not be offered employment.
- D. All drug/alcohol testing will be done in conformance with the National Institute of Drug Abuse Standards. All drug testing will be done by the use of urine samples.
- E. Any individual that fails the drug/alcohol test may choose to have the urine sample retested at his/her expense.

If you have reason to believe that you will not pass a drug/alcohol test you should stop your application at this time until you feel you are able to pass.

### **Legal Work Authorization**

You will be required to provide satisfactory proof of identity and legal work authorization (original documents) within three business days of being hired. Failure to submit such proof within the required time, or failure to comply with any pre-employment requirement may result in the offer of employment being rescinded, or employment termination.

Mare Island Dry Dock, LLC participates in the E-Verify system.



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## APPLICATION FOR EMPLOYMENT

Mare Island Dry Dock, LLC is an Equal Employment Opportunity employer and maintains Affirmative Action Programs for women, minorities, protected veterans, and qualified individuals with disabilities. **Please Print.** All applicable blanks must be completed. Any misrepresentation may be grounds for termination. Mare Island Dry Dock, LLC conditions employment on the satisfactory results of a post-offer drug screen, completed required paperwork and passing new hire orientation.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Phone \_\_\_\_\_ Message Phone \_\_\_\_\_

Expected Wage \_\_\_\_\_ Are you eighteen years of age or older Yes No

Are you able to perform the essential functions of this job? Yes No

Have you ever worked for Mare Island Dry Dock, LLC? Yes No

If so, when, and what position held? \_\_\_\_\_

Have you filled out an application to work for Mare Island Dry Dock, LLC in the past year? Yes No

Dates \_\_\_\_\_ What Positions(s) \_\_\_\_\_

Are you on layoff and subject to recall at another company? Yes No

Do you have any relatives who work at Mare Island Dry Dock, LLC (active or on layoff)? Yes No

If so, who and which location and department? \_\_\_\_\_

How did you learn of this position? \_\_\_\_\_

Why do you feel you will be successful in this position? \_\_\_\_\_

The Immigration and Control Act of 1986 requires that all employers verify proof of the legal right to work in The United States. A U.S. passport or the combination of government issued picture I. D. and a birth certificate or Social Security Card or Alien Registration Card are examples of required proof. **If hired, can you provide proof as required Yes No**

**DO NOT WRITE BELOW THIS LINE**  
USED BY THE DEPARTMENT HEAD ONLY

\_\_\_ ELIGIBLE FOR HIRE  
\_\_\_ NOT ELIGIBLE FOR HIRE JOB TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

RATE: \_\_\_\_\_ START DATE: \_\_\_\_\_ EMP ID.: \_\_\_\_\_ SHIFT: \_\_\_\_\_

NOT QUALIFIED/REASON NOT QUALIFIED: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

Meets D&A Test: \_\_\_\_\_  
Signed/Date \_\_\_\_\_

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**EMPLOYMENT HISTORY:**

List employers for the past ten years with the most recent listed (use other side of this application, if necessary). May we contact these employers?      Yes      No

Employer _____
Employed From _____ To _____ Supervisors Name _____
Address _____ Telephone No. _____
Your Job Title: _____
Duties: _____
Reason for Leaving: _____

Employer _____
Employed From _____ To _____ Supervisors Name _____
Address _____ Telephone No. _____
Your Job Title: _____
Duties: _____
Reason for Leaving: _____

Employer _____
Employed From _____ To _____ Supervisors Name _____
Address _____ Telephone No. _____
Your Job Title: _____
Duties: _____
Reason for Leaving: _____

**REFERENCES:** List three (3) people who can comment on your qualifications for the position for which you have applied (ex-supervisors or co-workers) excluding any relative.

NAME AND ADDRESS	RELATIONSHIP	OCCUPATION	TELEPHONE NO

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### EDUCATION/COURSE HISTORY:

Please List all schools attended and all degrees or diplomas earned. List any courses that would relate to the job(s) for which you are applying.

High School Name:	Location:
College Name:	Location:
Graduate School Name:	Location:
Post Graduate:	Location:

### CERTIFICATIONS:

Have you ever received a certificate that relates to the job for which you are applying?    Yes    No

If yes, when, where, and what type of certificate? \_\_\_\_\_

### ADDITIONAL EXPERIENCE/SKILLS/QUALIFICATIONS:

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, job-related training, skills, licenses, other certificates, and/or other qualifications:

\_\_\_\_\_

\_\_\_\_\_

#### PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal post hire.

I authorize persons, schools, my current employer (if applicable), previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision. I release such parties from all liability for any damage resulting from the release of such information.

I understand that any offers of employment not covered by another Agreement are made as Employment At-Will and as such, are subject to termination by either the company or myself at any time, with or without prior notice.

I understand that Mare Island Dry Dock, LLC is an Equal Employment Opportunity employer and maintains an Affirmative Action Program and will assist any reasonable accommodation request in the application process or during employment.

I understand that if I am offered the position, I will be required to provide satisfactory proof of identity and legal work authorization (original documents) within three business days of being hired. I understand failure to submit such proof within the required time, or failure to comply with any pre-employment requirement may result in the offer of employment being rescinded, or employment termination.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

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

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### Release and Disclaimer: Drug Testing

<b>POSITION APPLIED FOR</b> _____	<b>DATE</b> _____
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I hereby voluntarily agree to submit to any lawful drug test requested and conducted by Mare Island Dry Dock, LLC, which Mare Island Dry Dock, LLC deems, in its sole discretion, to be reasonably necessary to comply with funding contracts and/or to provide a safe working environment.

I acknowledge that in the course of my employment, and as a prerequisite of employment with Mare Island Dry Dock, LLC, I may be asked to submit to a drug test and to provide urine, blood, or breath sample(s). I hereby consent to such tests, both pre-employment, pre-intern placement, as well as during the course of my employment or internship, to determine the presence of any drugs, alcohol, or controlled and/or illegal substances. I also authorize Mare Island Dry Dock, LLC to search my work area as well as my vehicle and locker and any other personal property while on Mare Island Dry Dock, LLC property or parking areas, or Mare Island Dry Dock, LLC sponsored events. I also acknowledge that Mare Island Dry Dock, LLC may use various methods of surveillance within the area(s) in which I work.

I authorize Mare Island Dry Dock, LLC to disclose the results of any drug test to third parties for job related purposes, or as may be required by law and/or contracts with funding sources for Mare Island Dry Dock, LLC. I understand that failure to timely complete any required or requested drug test, or any positive test may result in Mare Island Dry Dock, LLC rescinding their contingent offer of employment, or once employed, lead to disciplinary action, up to and including termination of my employment with Mare Island Dry Dock, LLC.

I understand that all employment with Mare Island Dry Dock, LLC if offered contingent on successful complete of a pre-employment drug test, which includes a test for alcohol. I further understand that any time I am required to submit to a drug test, which includes a test for alcohol, that my continued employment with Mare Island Dry Dock, LLC is also contingent upon successful results of the drug/alcohol test.

I hereby indemnify, release and forever discharge and hold Mare Island Dry Dock, LLC, and its agents and employees harmless from any and all claims, demands, judgments and legal fees arising out of, or in connection with a reasonably requested or required drug test, the results of that test(s), or any lawful use of the results of any test(s).

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

**Printed Name** \_\_\_\_\_

**Mare Island Dry Dock, LLC Signature** \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

DATE \_\_\_\_\_

**Voluntary Invitation to Self-Identify  
Gender and Race/Ethnicity**

It is the policy of Mare Island Dry Dock, LLC to comply with all applicable federal, state and local anti-discrimination laws, orders, directives and regulations. Inc. Businesses administer all employment decisions on a nondiscriminatory basis without regard to an applicant's or employee's race, color, religion, sex, gender, national origin, age, status as a qualified individual with a disability, genetic information, pregnancy status, marital status, sexual orientation, status as a U.S. veteran, gender identity an expression, or any other characteristic protected by law. This policy extends to all terms, conditions, and privileges of employment including but not limited to: job advertisement; recruitment and hiring; promotion; demotion; transfers; layoff and termination; compensation; benefits; education and training; reasonable accommodation due to disability or religion; work assignments; social and recreational programs, and other working conditions.

As a federal contractor, our business is subject to certain governmental recordkeeping and reporting requirements. In order to comply, employees are invited to voluntarily self-identify their gender and race/ethnicity without being subject to any adverse treatment. The information will be kept confidential and may be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported as required. Please help us to meet this obligation by selecting the appropriate buttons below. If you have any questions about this requirement please contact the Human Resources Department.

**While you are required to complete this form, you do not have to provide the requested information. If you choose not to provide the information, you may select the "Decline to Self Identify" buttons.**

**What is your gender?**

- Female
- Male
- Decline to Self Identify

**What is your Race/Ethnicity?** You may only select one box below:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- 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 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 Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** - A person who identifies with more than one of the above five races.

Decline to Self Identify

**Please enter your name and the date below, sign where indicated, and return.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Voluntary Self Identification of Veterans' Status

Pre-Offer and Post-Offer

### VEVRAA – Definitions

As a federal government contractor, Mare Island Dry Dock, LLC is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended ("VEVRAA"). VEVRAA requires government contractors to take affirmative action to employ and advance in employment "Protected Veterans" (see definition below).

VEVRAA requires government contractors to submit annual reports to the Secretary of Labor regarding the number of Protected Veteran applicants, new hires and employees in their workforce. We also need this information to help us measure the effectiveness of our positive actions and good faith efforts for Protected Veterans in accordance with our Equal Employment Opportunity and Affirmative Action Policy. Please help us meet our reporting and affirmative action obligations by selecting the appropriate boxes below. Select as many as apply to you.

Submission of any information requested is voluntary and will be kept confidential. Refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with VEVRAA or other applicable law.

### VEVRAA-Protected Veteran Data

- Disabled Veteran:** (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- Active Duty Wartime or Campaign Badge Veteran:** a veteran who served in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Armed Forces Service Medal Veteran:** a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- Recently Separated Veteran:** a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.  
Please enter your Military Discharge Date: \_\_\_\_\_

### Non-VEVRAA Covered Service

In addition to our affirmative action obligations, Mare Island Dry Dock, LLC seeks to recognize all of our employees that have served including those whose military service does not fall into the Protected Veterans categories established under VEVRAA. Please check the "Other Military Service" box below, if your service is not reflected in one of the Protected Veteran categories.

- Other Military Service**
- Decline to Self-Identify or Not Applicable**

Please enter your name and the date below, sign where indicated, and return.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### 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.<sup>1</sup> 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

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date



## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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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.

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<sup>i</sup> 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](http://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.