



**EMPLOYMENT APPLICATION**

WASHINGTON MARINE CLEANING LLC  
 3430 16th Street  
 Everett, WA 98201  
 425-317-8298

**PERSONAL INFORMATION**

|   |  |             |  |                               |               |
|---|--|-------------|--|-------------------------------|---------------|
| Last Name:  |  | First Name: |  | MI:                           |               |
| Current Address (If not residing here at least 3 years, list previous below):<br><br>From: _____ To: _____  |  |             |  | Home Phone:                   |               |
|   |  |             |  | Mobile Phone:                 |               |
|   |  |             |  | DL#:                          |               |
|   |  |             |  | State:                        |               |
| Previous Address:<br><br>From: _____ To: _____  |  |             |  | SS#:                          |               |
|   |  |             |  | DOB:                          |               |
|   |  |             |  | PLACE OF BIRTH (City, State): |               |
| How were you referred to us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Other  |  |             |  |                               |               |
| If hired, can you provide proof that you are legally able to work in the United States?   |  |             |  |                               | YES   NO      |
| Have you ever been convicted of a criminal offense (felony or misdemeanor)? If yes, please state nature of offense(s), date(s), city, state and disposition on a separate sheet of paper. (An affirmative answer will not necessarily result in disqualification for employment): |  |             |  |                               | YES   NO      |
| List any relatives or friends employed by this Company:   |  |             |  |                               | Relationship: |

**EMPLOYMENT**

|  |  |   |          |
|--|--|---|----------|
| Position Desired:  |  | Salary Desired:                             |          |
| What days and hours are you available for work?  |  |   |          |
| Are you available for overtime?  |  | Are you over 18 years of age?               |          |
| YES   NO   |  |   | YES   NO |
| Are you able to perform the essential functions of the job for which you are applying?   |  | If under 18, can you provide a work permit? |          |
| YES   NO   |  |   | YES   NO |
| <i>(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions).</i> |  |   |          |

**SKILLS**

|   |  |                    |
|---|--|--------------------|
| Many of our customers/clients/patients do not speak English. Do you speak, write or understand any foreign language?  |  | YES   NO           |
| If yes, which language(s) and with what proficiency?  |  |                    |
| Are you able to operate a personal computer?  |  | Types of software: |
| YES   NO  |  |                    |
| List other office machines you can operate:   |  |                    |
| Specific skills or training: What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for? |  |                    |



### EDUCATION

| Type of School                | Name & Location of School | Years Completed | Graduated | Degree(s) or Diploma(s) | Major Field(s) of Study |
|-------------------------------|---------------------------|-----------------|-----------|-------------------------|-------------------------|
| High School or Trade School   |                           |                 | YES NO    |                         |                         |
| Business or Tech. School      |                           |                 | YES NO    |                         |                         |
| Jr. College and/or University |                           |                 | YES NO    |                         |                         |
| Other Training (Explain)      |                           |                 | YES NO    |                         |                         |

### EMPLOYMENT HISTORY

*Experience: Please give a COMPLETE RECORD of all employment for the past seven (7) years, beginning with your current or more recent employer; indicate any other experience which you believe is relevant to the position you are applying for (e.g., volunteer experience, military service, etc.). Attach an additional sheet if extra space is needed. Include unemployment or self-employed periods. Note: **If applying for a driving position, list all commercial driving experience for the past ten (10) years.***

**PHYSICAL EXAM EXPIRATION DATE (Driver Applicants Only):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### POSITIONS HELD

|  |   |                            |                |
|--|---|----------------------------|----------------|
| Company Name:  | Dates Employed:<br>From: To:                              | Beginning Salary:          | Ending Salary: |
| Street Address:  | Job Title:  | Hours Worked:<br>From: To: |                |
| City, State, Zip Code:   | Specific Job Duties:<br>1.                                |                            |                |
| Phone:   | 2.  |                            |                |
| Supervisor:  | 3.  |                            |                |
| Is this your current employer? YES NO  | Reason for leaving:                                       |                            |                |
| May we contact this employer? YES NO   | What is the most important skill demonstrated on the job? |                            |                |
| Were you subject to the FMCSRs while employed here?  | YES   | NO                         |                |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | YES   | NO                         |                |



**EMPLOYMENT HISTORY (continued)**

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**POSITIONS HELD**

|  |   |                            |                |
|--|---|----------------------------|----------------|
| Company Name:  | Dates Employed:<br>From: To:                              | Beginning Salary:          | Ending Salary: |
| Street Address:  | Job Title:  | Hours Worked:<br>From: To: |                |
| City, State, Zip Code:   | Specific Job Duties:<br>1.                                |                            |                |
| Phone:   | 2.  |                            |                |
| Supervisor:  | 3.  |                            |                |
| Is this your current employer?<br>YES NO   | Reason for leaving:                                       |                            |                |
| May we contact this employer?<br>YES NO  | What is the most important skill demonstrated on the job? |                            |                |
| Were you subject to the FMCSRs while employed here?  | YES   | NO                         |                |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | YES   | NO                         |                |

|  |   |                            |                |
|--|---|----------------------------|----------------|
| Company Name:  | Dates Employed:<br>From: To:                              | Beginning Salary:          | Ending Salary: |
| Street Address:  | Job Title:  | Hours Worked:<br>From: To: |                |
| City, State, Zip Code:   | Specific Job Duties:<br>1.                                |                            |                |
| Phone:   | 2.  |                            |                |
| Supervisor:  | 3.  |                            |                |
| Is this your current employer?<br>YES NO   | Reason for leaving:                                       |                            |                |
| May we contact this employer?<br>YES NO  | What is the most important skill demonstrated on the job? |                            |                |
| Were you subject to the FMCSRs while employed here?  | YES   | NO                         |                |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | YES   | NO                         |                |



**EMPLOYMENT HISTORY (continued)**  
**POSITIONS HELD**

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|  |   |                            |                |
|--|---|----------------------------|----------------|
| Company Name:  | Dates Employed:<br>From: To:                              | Beginning Salary:          | Ending Salary: |
| Street Address:  | Job Title:  | Hours Worked:<br>From: To: |                |
| City, State, Zip Code:   | Specific Job Duties:<br>1.                                |                            |                |
| Phone:   | 2.  |                            |                |
| Supervisor:  | 3.  |                            |                |
| Is this your current employer?<br>YES NO   | Reason for leaving:                                       |                            |                |
| May we contact this employer?<br>YES NO  | What is the most important skill demonstrated on the job? |                            |                |
| Were you subject to the FMCSRs while employed here?  | YES   | NO                         |                |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | YES   | NO                         |                |

|  |   |                            |                |
|--|---|----------------------------|----------------|
| Company Name:  | Dates Employed:<br>From: To:                              | Beginning Salary:          | Ending Salary: |
| Street Address:  | Job Title:  | Hours Worked:<br>From: To: |                |
| City, State, Zip Code:   | Specific Job Duties:<br>1.                                |                            |                |
| Phone:   | 2.  |                            |                |
| Supervisor:  | 3.  |                            |                |
| Is this your current employer?<br>YES NO   | Reason for leaving:                                       |                            |                |
| May we contact this employer?<br>YES NO  | What is the most important skill demonstrated on the job? |                            |                |
| Were you subject to the FMCSRs while employed here?  | YES   | NO                         |                |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | YES   | NO                         |                |





### DRIVING EXPERIENCE

Complete this section *ONLY* if you are a driver applicant.

| Class of Equipment     | From | To | Approximate Number of Miles Driven |
|------------------------|------|----|------------------------------------|
| Straight Truck         |      |    |                                    |
| Tractor & Semi-trailer |      |    |                                    |
| Doubles                |      |    |                                    |
| Triples                |      |    |                                    |
| Tanker(s)              |      |    |                                    |
| Other                  |      |    |                                    |

List states operated in for the last five (5) years:

List special courses/training completed (PTD/DDC, HAZMAT, etc.):

List any safe driving awards and from whom:

Accident Record for past three (3) years (*attach sheet if more space is needed*):

| Date of Accident | Nature of Accident (Head on, rear end, etc.) | Location of Accident | Number of Fatalities | Number of People Injured |
|------------------|--|----------------------|----------------------|--------------------------|
|                  |  |                      |                      |                          |
|                  |  |                      |                      |                          |
|                  |  |                      |                      |                          |
|                  |  |                      |                      |                          |
|                  |  |                      |                      |                          |
|                  |  |                      |                      |                          |
|                  |  |                      |                      |                          |

Traffic Convictions and Forfeitures for the last three (3) years (*other than parking violations*):

| Date | Location | Charge | Penalty |
|------|----------|--------|---------|
|      |          |        |         |
|      |          |        |         |
|      |          |        |         |

Drivers Licenses Held in the past three (3) years:

| License Number | State | Type | Endorsements | Expiration Date |
|----------------|-------|------|--------------|-----------------|
|                |       |      |              |                 |
|                |       |      |              |                 |

|  |     |    |
|--|-----|----|
| Have you ever been denied a license, permit or privilege to operate a motor vehicle? | YES | NO |
| Has any license, permit or privilege ever been suspended or revoked?                 | YES | NO |
| <i>If the answer is 'yes' to questions above, please give details:</i>               |     |    |



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**APPLICANT'S STATEMENT**

*(Initial each numbered item as read)*

- 1. \_\_\_\_\_ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by the Company or its agents.
- 2. \_\_\_\_\_ I authorize all schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment; and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such inquiry or disclosure.
- 3. \_\_\_\_\_ I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
- 4. \_\_\_\_\_ I authorize the Company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I understand that if I am denied employment based upon information obtained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.
- 5. \_\_\_\_\_ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
- 6. \_\_\_\_\_ I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or the Company, without recourse. There will be no agreement, express or implied, between the Company and me for any specific period employment, nor for continuing or long-term employment, unless made in writing and signed by an authorized representative of the Company.
- 7. \_\_\_\_\_ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the foregoing seven (7) statements.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Signature:



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**APPLICANT'S STATEMENT**  
*(To Be Read and Signed by Applicant)*

It is agreed and understood that any misrepresentation given on this application shall be considered an act of dishonesty.

It is agreed and understood that the motor carrier or his agents may investigate the applicant's background to obtain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and person named herein from all liability for any damages on account of his furnishing such information.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my application file.

It is agreed and understood that this Application in no way obligates the motor carrier to employ or hire the applicant.

It is agreed and understood that if qualified and hired, I may be on a probationary period during which time I may be disqualified without recourse.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed Name:

\_\_\_\_\_  
Signature: