



READ BEFORE COMPLETING APPLICATION AND SAVE FOR YOUR RECORDS

Please make sure that you have completed all sections of this Employment Application *even if you repeat information from an attached resume*. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.** Include all work experience, including employment outside of the United States.

Submission of this application indicates that you have read this page in its entirety and can meet and agree to conditions of hire. You may also print off a copy on-line at www.bay-ship.com. Mail your completed application to 2900 Main St, #2100/Alameda, CA, 94501. Or fax to: 510-263-9835

APPLICATION PROCEDURE:

Applications are reviewed by Human Resources and applicants are considered if there is a hiring need and their skills match that need. *You will be contacted if you are selected for a follow-up interview.* However, if you would like to inquire about the status of your application you may contact us via email at applicants@bay-ship.com.

CONDITIONS OF HIRE:

- **PRE-EMPLOYMENT MEDICAL & PHYSICAL ABILITIES SCREENING**

Depending on the outcome of the interview, you may be given an offer of employment that will be contingent upon passing both a pre-employment physical with an assessment of your physical abilities as well as a drug screening. **IF YOU BELIEVE THAT YOU WILL NOT PASS REQUIRED DRUG TESTING, YOU SHOULD WITHDRAW YOUR APPLICATION NOW.**

- **PROOF OF ELIGIBILITY TO WORK IN THE UNITED STATES**

Upon offer of employment you must provide valid identification to verify eligibility to work in the U.S.

- **ABILITY TO GAIN ACCESS TO GOVERNMENT FACILITIES**

- **BASIC ENGLISH LANGUAGE KNOWLEDGE**

There are many situations -- such as in emergencies, for cooperative work assignments, or for supervisors to monitor an employee -- where a basic written and verbal knowledge of English as a common language is necessary to promote safety and efficiency. We therefore expect applicants to have this knowledge.

- **WELDER QUALIFICATION**

Applicants for a structural welder position need to submit certifications and pass the Welder Qualification Test. Test involves welding of ½" carbon steel plates, using SMAW & GMAW processes in all positions and may also include aluminum welding.

- **PAINTER QUALIFICATION**


Applicants for painter must pass a Painter Qualification Test for both spray and blast skills.

- **DRIVING**

If driving is required for the position, you will need to provide proof of a clean driving record, a valid CA driver's license and proof of insurance.

Bay Ship & Yacht Co. is an Affirmative Action and Equal Opportunity Employer (AA/EOE)

All qualified applicants will receive consideration for employment without regard to race, color, religion, creed, national origin or ancestry, sex (including pregnancy, childbirth and breastfeeding), sexual orientation, gender identity, gender expression, marital status, medical condition, age, physical or mental disability, genetic information, military status, or veteran status, or any other status protected by the law.

Please note, at time of hire, we will access  to confirm that you are legally authorized to work in the United States.

Bay Ship & Yacht Co. endeavors to make reasonable accommodations for applicants with disabilities and disabled veterans pursuant to applicable federal and state law. If you are an individual with a disability and require a reasonable accommodation to complete any part of the application process or are limited in the ability or unable to access or use the online application process and need an alternative method for applying, please contact Human Resources at [(510) 337-9122] or send an e-mail to applicants@bay-ship.com with your specific accommodation request.

For more information on your EEO rights under the law, you may access:

[EEO is the Law](#); [EEO Poster Supplement](#); & [Pay Transparency Policy Statement](#)



Date: _____

APPLICATION FOR EMPLOYMENT

Name – Last, First, MI		Home Phone	Other Phone
Complete Address	City	State	Zip
Position Applied For	Expected Rate of Pay	Date You Can Start	
Name of employee who knows you or agency /person referring you		Email Address	

GENERAL INFORMATION

Have you ever worked for Bay Ship & Yacht Co.? If yes, when Explain reason for leaving :	Yes	No	
Are you available to work overtime when necessary on:	Weekday Yes No	Saturday Yes No	Sunday Yes No
Are you at least 18 years of age?			Yes No
Are you legally authorized to work in the United States?			Yes No
Are you able to perform the essential functions of the position for which you are applying?			Yes No
Do you have a valid California Driver's License? If so, can you provide proof of a clean driving record?			Yes No

EMPLOYMENT HISTORY

List below all present and past employment, starting with your most recent employer. If any of the following do not apply, please enter N/A.			
Name of Employer		Complete Address	City State Zip
Type of Business	Phone	Your Supervisor's Name	
Your Position	Your Duties		
Date of Hire	Last Work Date		
Reason for Leaving		May we contact this employer? Yes No	
Name of Employer		Complete Address	City State Zip
Type of Business	Phone	Your Supervisor's Name	
Your Position	Your Duties		
Date of Hire	Last Work Date		
Reason for Leaving		May we contact this employer? Yes No	
Name of Employer		Complete Address	City State Zip
Type of Business	Phone	Your Supervisor's Name	
Your Position	Your Duties		
Date of Hire	Last Work Date		
Reason for Leaving		May we contact this employer? Yes No	

EDUCATION TRAINING AND EXPERIENCE

	Name	City & State	Dates Attended (mo/yr to mo/yr)	Did you Graduate?	Degree and/or Major
High School				Yes No	
College / University				Yes No	
Vocational / Business				Yes No	
Vocational / Business				Yes No	

Did you have any other experiences, training, qualifications or skills which you feel make you especially suited for your desired position?

If So, please explain :

Tools Owned :

PROFESSIONAL REFERENCES

Name	Complete Address	City	State	Zip
Occupation	Phone	Years Acquainted		
Name	Complete Address	City	State	Zip
Occupation	Phone	Years Acquainted		
Name	Complete Address	City	State	Zip
Occupation	Phone	Years Acquainted		

I certify that all of the answers given and the information provided by me in this application are true and complete, and understand that any misrepresentation or omission may result in denial of employment or in discharge from employment at any time. **Unless otherwise noted, I authorize the Company to make an investigation of my personal employment history, including contacting former employers for reference verification. I understand that if employed, I will be required to provide proof that I am over 18 years of age, have a legal right to work in the United States, and, if required, be bonded.**

If I am accepted for employment, I understand and agree that such employment is entirely at will, for no specified term, and may be terminated at any time, with or without cause, by me or by the Company. I further understand and agree that the agreement contained in the preceding sentence cannot be modified in any respect except in a written document executed by the Company's General Manager. I understand that, if I am employed by the Company, the Company retains the unrestricted right to search and inspect any of its property. I will return all of the Company's property immediately upon any termination of my employment.

Applicant Signature

Date



Please note, at time of hire, we will access e-verify to confirm that you are legally authorized to work in the United States.

FOR OFFICE USE ONLY

AFFIRMATIVE ACTION QUESTIONNAIRE

Cuestionario de Acción Afirmativa

Applicants are asked to complete this section. Please be aware that you are not obligated to complete this form, and that any forms that you do provide voluntarily will be treated confidentially. The data you provide will be used solely for statistical purposes and will be retained only for the purpose of monitoring the success of the organization's affirmative action program. It will not be used for nor have any effect on any hiring decision.

Se les pide a los/las Solicitantes que llenen esta sección. Por favor este consiente que Usted no esta obligado/obligada a completar esta forma, y cualquier forma que Usted provea voluntariamente será tratada de una manera confidencial. La información que nos entregue será usada exclusivamente para propósitos estadísticos y será mantenida únicamente para el propósito de observar el éxito del programa de acción afirmativa de la organización.

Date (Fecha)	Name (el nombre)	County where you reside (Condado donde vive)	Position applied for (Posición de Interés)
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PLEASE CHECK MARK ✓ THE APPROPRIATE BOX(ES)

Por favor marque las cajas apropiadas

Gender (género):

<input type="checkbox"/> M – Male (Masculino)	<input type="checkbox"/> F – Female (Femenino)
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Race / Ethnic Category (Raza / Categoría Étnica):

<input type="checkbox"/>	Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture of origin, regardless of race. <i>Hispano: Todas las personas de cultura o origen Mexicano, Puertorriqueño, Cubano, del Centro o Sur América o de otros orígenes culturales Españoles, sin considerar la raza.</i>	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander (not Hispanic or Latino): All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <i>Hawaianos Nativos o Islas del Pasífico (origen no Hispano): Toda las personas que tienen origen con cualquier persona original de Hawái, Guam, o otras Islas del Pacífico.</i>
<input type="checkbox"/>	White (not Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East <i>Blanco/Blanca (origen no Hispano): Todas las personas que tienen origen con cualquier persona original de Europa, África del Norte o el Medio Oriente</i>	<input type="checkbox"/>	American Indian / Alaskan Native (not Hispanic origin): All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. <i>Indio Americano / Nativo de Alaska (origen no Hispano): Todas las personas que tienen origen con cualquier persona original de Norte América, y quien mantiene identificación cultural por medio de afiliación de tribu o reconocimiento comunitario.</i>
<input type="checkbox"/>	Black (not Hispanic origin): All persons having origins in any of the black racial groups of Africa <i>Negro/Negra (origen no Hispano): Todas las personas que tienen origen con cualquiera de los grupos de raza negra de África</i>	<input type="checkbox"/>	Two or More Races (not Hispanic origin): All persons who identify with more than one of the five races (not Hispanic origin). <i>Dos o Mas Razas (Origen no Hispano): Todas las Personas que se identifican con mas de una de las anteriores cinco razas</i>
<input type="checkbox"/>	Asian: (not Hispanic or Latino): All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, Including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <i>Asiático: (origen no Hispano): Todas las personas que tienen origen con cualquier persona original del Lejano Oriente, Sur Oriente de Asia, el Subcontinente de India, incluyendo por ejemplo Camboya, China, India, Japón, Corea, Malaysia, Pakistan, las islas Pilipinas, Thailand y Vietnam</i>	<input type="checkbox"/>	I do not wish to answer at this time.

Veteran Status Pre-Offer (Voluntary Disclosure):

Name: _____ Application Date: _____

Job Title: _____

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance the employment of protected veterans pursuant to the Act. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box below:

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED BELOW:

- ☐ Disabled Veteran means (1) 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 retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
- ☐ Recently Separated Veteran means any 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.
- ☐ Active Duty Wartime or Campaign Badge Veteran means a veteran who served on active duty 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 means 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.

☐ I AM NOT A PROTECTED VETERAN

Protected veterans may have additional rights under USERRA--the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

This employer takes affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____

Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

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.

Employer Use Only

Job Title: _____

Date of Hire: _____