

EASTERN SHIPBUILDING GROUP

PO Box 960, Panama City, FL 32401

Phone: (850) 763-1900 / Fax: (850) 257-8571 / HR@EasternShipbuilding.com**APPLICATION FOR AT-WILL EMPLOYMENT**

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to provide information necessary to evaluate suitability for employment. It is the policy of Eastern Shipbuilding Group, Inc. to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, ancestry, national origin, gender, sexual orientation, marital status, civil union or domestic partnership status, religion, creed, age, disability, gender identity and/or expression, results of genetic testing, veteran status, citizenship, or any other status or characteristic protected under applicable federal, state, or local laws. It is also the policy of Eastern Shipbuilding Group to have the option of conducting pre-employment screening and or testing before a Conditional Offer of Employment is made. This application will remain active for 30 days. Consideration for employment after 30 days requires a new application.

You may attach a resume to this application; however, the application must be completed in its entirety. **Do not** write 'See Resume'.
Return application/resume to the address above or email to HR@EasternShipbuilding.com

BASIC INFORMATION

Name: First	Middle Initial	Last	Social Security Number: XXX-XX-_____	
Current Street Address/Apt #:		City:	State:	Zip Code:
Home Phone #:	Cell Phone #:	E-mail Address:		

EMPLOYMENT DESIRED

Position Applying For: (List one position only)	Yrs. Exp.:	Are you able to perform the essential functions of the job you are applying with or without accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO
When are you available to work? <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime		
Date you can start work?	Hourly Rate/Salary desired?	

PERSONAL INFORMATION

Are you at least 18 years of age and legally eligible for work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If offered employment, you will be required to provide documentation to verify eligibility.)</i>
If required, do you have, or can you obtain a valid Florida driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been offered employment and/or worked for Eastern Shipbuilding Group before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which? <input type="checkbox"/> Direct Hire <input type="checkbox"/> Subcontractor When? _____ Position(s) held: _____
Do you have relatives employed at Eastern Shipbuilding Group? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes who: _____
How did you hear we were hiring? <input type="checkbox"/> Job Fair <input type="checkbox"/> Walk-In <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio/TV <input type="checkbox"/> Website <input type="checkbox"/> CareerSource-Gulf Coast <input type="checkbox"/> Eastern Shipbuilding Group Employee _____ <input type="checkbox"/> Other _____
Have you been convicted of or pled guilty to a felony or other crime in the past seven (7) years? <i>(Answering yes will not disqualify you from employment.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____

EMPLOYMENT HISTORY – Please list your work experience for the past three (3) employers beginning with your most recent or current job. You may attach a resume, however, you must complete the below requested information. Do not write 'See Resume'.

Current/Most Recent Employer:	City:	State:
Position Held:	Employment Dates: Start: _____ End: _____	
Job Duties:	Reason for Leaving:	
Previous Employer	City:	State:
Position Held:	Employment Dates: Start: _____ End: _____	
Job Duties:	Reason for Leaving:	

EMPLOYMENT HISTORY CONTINUED

Next Most Recent Employer	City:	State:
Position Held:	Employment Dates: Start: _____ End: _____	
Job Duties:	Reason for Leaving:	

Explain any gaps in employment history: _____

JOB-RELATED SKILLS	
Are you able to work at heights? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to work in confined spaces? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have shipyard work experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any construction experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have tack welding experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you read blueprints? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have flux core welding experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have computer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what software are you proficient in? _____ _____	
Do you have heavy equipment operator experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of equipment? _____	
Are you fluent in any foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language(s)? _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write _____ <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	
Other skills you have that relate to the job you are applying for: _____ _____	

MILITARY SERVICE
Have you served in the U.S. Armed Forces or National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____
Dates of Service: _____ to _____ Last Position Held: _____
List any <u>job-related</u> training you received while in the military: _____ _____

EDUCATION AND TRAINING			
	<u>High School</u>	<u>Vocational /Trade School</u>	<u>College</u>
<u>School Name</u>			
<u>City, State</u>			
<u>Diploma / Degree</u>			

STATEMENT OF AGREEMENT AND UNDERSTANDING - Please read before signing.

1. I understand that to be considered as an applicant, I must complete this application in its entirety. I also understand that no action can be taken on this application until all questions have been answered.
2. I certify that the facts and information on this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release Eastern Shipbuilding Group from all liability that might result from making the investigation.
4. If I am offered and accept a position with Eastern Shipbuilding Group, I agree to conform to all existing and future Company policies, procedures, rules, and regulations. I understand that my failure to comply with Company policies, and procedures, etc. will result in disciplinary action, up to and including dismissal.
5. I understand that the Company reserves the right to change wages, hours, and working location, etc. as deemed necessary. I also understand that, if Eastern Shipbuilding Group hires me, my employment will be at-will, meaning that either Eastern Shipbuilding Group or I can end the employment relationship at any time and for any or no reason. I also understand that no official of Eastern Shipbuilding Group other than the President/CEO has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.
6. I understand that any employment is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
7. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.
8. I consent to be contacted via SMS/Text/Email in relation to my application.
9. I acknowledge that I have read and understand the above Statement of Agreement and Understanding.

Applicant's First Name, Middle Initial, Last Name, (PRINT): _____

Applicant's Signature: _____ Date: _____



**VOLUNTARY SELF-ID
REQUEST - APPLICANT**

Completion of this form is voluntary and confidential.

Eastern Shipbuilding Group is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program. This form and the information provided are considered **Confidential**.

We are required by Federal law to submit annual reports reflecting the ethnicity or race and sex of our employees. In order to this, we are requesting that you complete this form. This information is being requested solely to enable the Company to comply with federal reporting requirements. **Completion of this form is entirely voluntary**, and you will not be treated differently if you complete it or elect not to complete it. The information you provide will be kept confidential and will be used only to make the required reports to the government.

It is the policy of Eastern Shipbuilding Group to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, gender identity, or any other status protected under Federal or State law.

This information will be recorded and maintained in a confidential file, separate from all other records.

Name: _____ Social Security #: XXX-XX-_____
(PRINT: First Name, MI, Last Name)

Position Applied For: _____ Date: _____

For the purposes of this request, I consider myself: Male Female I do not wish to provide the information

More specific ethnicity information is required for filing EEO-1 reports. Please check the appropriate Equal Opportunity Identification Group. You should only check one of the following ethnicity or race categories:

Ethnicity:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

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) - All persons who identify with more than one of the above five races.

I do not wish to provide the information requested above.

CONFIDENTIAL



**VOLUNTARY SELF-ID
REQUEST - APPLICANT**

FOR HUMAN RESOURCES USE ONLY:

- H – (Hispanic or Latino – visual assessment)
- A – (Asian – visual assessment)
- I – (American Indian or Alaskan Native – visual assessment)
- B - (Black or African American – visual assessment)
- N – (Native Hawaiian or other Pacific Islander – visual assessment)
- W – (White – visual assessment)
- T – (Two or more races – visual assessment)

Position applied for is open? [] Yes [] No

Requisition #: _____

Job Group Description:

- | | |
|--|---|
| <input type="checkbox"/> Executive/Senior Level & Managers | <input type="checkbox"/> Administrative Support Workers |
| <input type="checkbox"/> First/Mid Level Official & Managers | <input type="checkbox"/> Craft Workers |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Operatives |
| <input type="checkbox"/> Technician | <input type="checkbox"/> Laborers & Helpers |
| <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Service Workers |

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VETERAN SELF-ID REQUEST – PRE-OFFER

Completion of this form is voluntary and confidential.

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 in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A “disabled veteran” is one of the following:
 - 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
 - a person who was discharged or released from active duty because of a service-connected disability.
- A “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.
- An “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.
- An “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.

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.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I choose not to self-identify my protected veteran status

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.

The information you submit will be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (2) 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 (3) 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.

Applicant Information:

Name: _____ Soc Sec #: XXX-XX-_____
(PRINT: First Name, MI, Last Name)

Position(s) applied for: _____ Date: _____

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Voluntary Self-Identification of Disability

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.

FOR EMPLOYER - HUMAN RESOURCES USE ONLY

Date of Hire: _____ Job Title: _____