



Washburn & Doughty Associates, Inc. **Employment Application**

PERSONAL INFORMATION *(please print)*

Name _____ Date of Application _____

How did you learn about Washburn & Doughty and/or where did you notice our ad? _____

Physical Address: _____

Mailing Address (if different) _____

Home Telephone Number _____

Secondary Phone Number: _____

Social Security Number: _____

Position applied for _____ Date available _____

Availability for Work Full Time Part Time Temp 2nd Shift

Are you eighteen years of age or older? Yes No

Are you eligible to work in the United States? Yes No
(Proof of eligibility will be required prior to employment)

Have you ever been employed with us before? Yes No
(If yes, please give dates of employment and position held) _____

Are you currently employed? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

May we contact your present / past employers? Yes No

Washburn & Doughty Associates, Inc.
7 Enterprise Street • P.O. Box 296 • East Boothbay, ME 04544-0296
(207) 633-6517 ext. 218
www.washburndoughty.com

Are you capable of safely performing the position applied: Yes No
 (If accommodations are necessary, please explain)

Any employee's ability to safely perform a job will be verified by a medical examination, performed by a qualified medical provider selected and paid for by Washburn & Doughty.

Have you been convicted of a crime, whether a misdemeanor, felony, or otherwise?
 Yes No

(Conviction of a crime does not necessarily disqualify the applicant from consideration for employment)

If yes, please explain

EDUCATION:

Name & Address	Course of Study	Years Completed	Did You Graduate	Degree/Diploma
High School		(Circle one)	(Circle One)	
		1 2 3 4	Yes No	
College				
		1 2 3 4	Yes No	
Other				
		1 2 3 4	Yes No	

Are you bilingual? Yes No If yes, what language _____

EMPLOYMENT EXPERIENCE: List your three most recent jobs, starting present or most recent employer. Include any job-related military service assignments and volunteer activities.

Employer		Dates Employed		Responsibilities
		From	To	
Address				
Phone		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				

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		Starting	Ending	
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Please summarize any special skills or qualifications

SKILL LEVEL: Check one for each category

	<u>None</u>	<u>Low</u>	<u>Average</u>	<u>High</u>
Shipfitting				
Welding – MIG				
Welding – TIG				
Welding – Stick				
Gouging				
Pipefitting				
Blueprint Reading				
Grinding				
Torch Cutting				
Electrical				
Carpentry				
Sandblasting/Spray Painting				
Heavy Equipment Operations				
Outside Machinist Work				
Machining				
Industrial Maintenance/Repair				
Drafting/Design Work				
Clerical/Bookkeeping				
Inventory Control				
Computer Operations				
Keyboard (Typing)				
<p>Please provide additional information about the categories marked “average” or “high”</p>				

REFERENCES (Professional Only)

Please list name, address and telephone number of three references that are not related to you.
1.
2.
3.

Washburn & Doughty Associates, Inc. is an equal opportunity employer. We do not discriminate against people on the basis of race, color, religion, sex, national origin, age, or mental or physical handicap in hiring, employment, benefits, or advancement opportunity.

APPLICANT'S STATEMENT

I certify that the answers I have provided are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an **"at will"** nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this **"at will"** relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

If an offer of employment is extended, I consent to undergo a post-offer physical examination, job placement assessment based on ADA requirements and other various components of the hiring process.

Signature of applicant

Date