

# Dakota Creek Industries, Inc.

P.O. Box 218  
820 Fourth Street  
Anacortes, WA 98221

## APPLICATION FOR EMPLOYMENT

EOE AA / Vet / Disability

ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND ACCURATELY. PLEASE, DO NOT WRITE "SEE RESUME".  
DCI ACCEPTS APPLICATIONS ONLY FOR CURRENTLY OPEN AND ADVERTISED POSITIONS. DCI DOES NOT ACCEPT UNSOLICITED APPLICATIONS.  
A RESUME WILL NOT BE ACCEPTED IN LIEU OF A COMPLETED APPLICATION FORM BUT MAY BE INCLUDED WITH THE APPLICATION.

### PERSONAL INFORMATION

NAME			DATE		
LAST	FIRST	MIDDLE			
PRESENT ADDRESS					
STREET		CITY	STATE	ZIP CODE	
MAILING ADDRESS (IF DIFFERENT)					
STREET		CITY	STATE	ZIP CODE	
PHONE NUMBER	EMAIL	ARE YOU 18 YEARS OR OLDER?	YES	NO	
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? Proof of citizenship or immigration status will be required upon employment. DCI participates in E-Verify.			YES	NO	

<b>EMPLOYMENT DESIRED</b>	DAY	SWING
POSITION	DATE YOU CAN START	SALARY DESIRED (OPTIONAL)

ARE YOU EMPLOYED NOW?	IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER?
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EVER APPLIED TO THIS COMPANY BEFORE? YES	NO	WHEN?
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HAVE YOU WORKED FOR US BEFORE? YES	(WHEN AND WHAT POSITION?)	NO
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HOW DID YOU HEAR ABOUT THIS JOB OPENING?	<input type="checkbox"/> NEWSPAPER AD	<input type="checkbox"/> DCI WEBSITE
	<input type="checkbox"/> EMPLOYMENT OFFICE	<input type="checkbox"/> EMPLOYEE REFERRAL
	<input type="checkbox"/> JOB FAIR	<input type="checkbox"/> OTHER (SPECIFY) _____

EDUCATION	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL		YES NO	
COLLEGE		YES NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		YES NO	

<b>GENERAL</b>
SPECIAL SKILLS:

INTERESTS:
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ACTIVITIES: (CIVIC, ATHLETIC, ETC.)
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EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS)

U.S. MILITARY OR NAVAL SERVICE:	RANK:	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	YES	NO
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**FORMER EMPLOYERS:** (LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.  
PLEASE, DO NOT WRITE "SEE RESUME".)

FROM	NAME AND ADDRESS OF THE EMPLOYER	POSITION
TO		REASON FOR LEAVING

WORK PERFORMED

FROM	NAME AND ADDRESS OF THE EMPLOYER	POSITION
TO		REASON FOR LEAVING

WORK PERFORMED

FROM	NAME AND ADDRESS OF THE EMPLOYER	POSITION
TO		REASON FOR LEAVING

WORK PERFORMED

WHICH OF THESE JOBS DID YOU LIKE BEST AND WHY?

DO YOU HAVE ANY RELATIVES EMPLOYED AT DCI? YES NAME: \_\_\_\_\_  
 NO  
 Relatives employed by DCI will not necessarily exclude you from employment but will be considered for job placement to avoid a direct supervisory relationship between relatives.

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	PHONE	BUSINESS
1				
2				
3				

BY CHECKING THIS BOX "I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY AND DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD, AND MAY BE TERMINATED AT ANY TIME."

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

# INDIVIDUAL CRAFT SELF-EVALUATION

Enter a code on each line in ability column and preference column for each craft.

## ABILITY CODES:

- 0 - Have no idea
- 1 - Have observed and worked as a helper
- 2 - Could perform with training & supervision
- 3 - Have done this before, but need time to renew my skills
- 4 - Can perform with minimal supervision & directions
- 5 - Point me in the right direction



## PREFERENCE CODES:

Rate on scale of 0 - 5  
(5 being highest preference)



## ABILITY

## PREFERENCE

_____	<b>CARPENTRY</b>	_____
_____	<b>WELDING</b>	_____
_____	<b>FITTER</b>	_____
_____	<b>PAINTING</b>	_____
_____	<b>PIPE WELDER</b>	_____
_____	<b>ELECTRICAL</b>	_____
_____	<b>HYDRAULICS</b>	_____
_____	<b>MACHINIST</b>	_____
_____	<b>MECHANIC</b>	_____
_____	<b>STOCKROOM/WAREHOUSE</b>	_____
_____	<b>EQUIPMENT OPERATOR</b>	_____
_____	<b>CRANE</b>	_____
_____	<b>FORKLIFT</b>	_____
_____	<b>OFFICE SKILLS</b>	_____
_____	<b>COMPUTER SKILLS</b>	_____

Please indicate if you possess the following:

- |                                   |     |    |
|-----------------------------------|-----|----|
| ◆ Valid WA State Driver's License | Yes | No |
| ◆ Commercial Driver's License     | Yes | No |
| ◆ C-Stop Card                     | Yes | No |
| ◆ Welding Certs                   | Yes | No |
| Specify:                          |     |    |

Do you have any training in the following areas?

- |   |     |    |
|---|-----|----|
| ◆ Confined Space Entry                                | Yes | No |
| ◆ CPR   | Yes | No |
| ◆ First Aid   | Yes | No |
| ◆ Computer Programs<br>(Auto Cad, Spreadsheets, etc.) | Yes | No |
| Specify   |     |    |

Do you possess a Shipyard Competent Person (SCP) card?      Yes      No

Are you or have you ever been a member of:

- |                              |     |    |
|------------------------------|-----|----|
| ◆ Volunteer Fire Department? | Yes | No |
| ◆ Mountain Rescue?           | Yes | No |
| ◆ Ski Patrol?                | Yes | No |

Please list any other training, special skills, or comments you may have:

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Full Name

DATE



**Dakota Creek Industries Inc.**

**CHEMICAL SUBSTANCE SCREENING  
CONSENT FORM**

As an applicant for employment with Dakota Creek Industries, Inc., I understand I must submit to and pass a Chemical Substance Screening. I further understand that if I test positive for a Chemical Substance I will not be hired. If at a later date I can present documented proof of being chemical substance free and at that time pass the Chemical Substance Screening, at my own expense, I will again be eligible for employment with Dakota Creek Industries.

Please check one and sign below:

I consent to substance abuse screening.

I refuse to submit to substance abuse screening. Please withdraw my application for employment.

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FULL NAME

DATE



# Voluntary EEO Self-Identification Form (Applicants)

We are subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements. In order to comply with these laws, we invite applicants to voluntarily self-identify their race/ethnicity and gender. Submission of the information is voluntary and refusal to provide it will not affect your application for employment. The information obtained will be kept confidential and may only 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 to the federal government for civil rights enforcement purposes. When reported, data will not identify any specific individual.

## RACE/ETHNICITY

### 1. Please answer the following question:

#### **Are you Hispanic or Latino?**

*(Hispanic or Latino includes all persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)*

Yes                      No

**If you answered “yes” to question 1 above, proceed directly to question 3 below. If you answered “no” to question 1 above, answer questions 2 and 3 below.**

### 2. Please identify the category that corresponds to your race/ethnicity. You may mark only one category.

White (Not Hispanic or Latino)

*(White (Not Hispanic or Latino) includes all persons having origins in any of the original peoples of Europe, the Middle East or North Africa.)*

Black or African American (Not Hispanic or Latino)

*(Black or African American (Not Hispanic or Latino) includes all persons having origins in any of the black racial groups of Africa.)*

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

*(Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) includes all persons having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.)*

Asian (Not Hispanic or Latino)

*(Asian (Not Hispanic or Latino) includes all persons 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)  
*(American Indian or Alaska Native (Not Hispanic or Latino) includes all persons 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)  
*(Two or More Races (Not Hispanic or Latino) ) includes all persons who identify with more than one of the above five races.)*

## **GENDER**

- 3. Please identify the category that corresponds to your gender. You may mark only one category.**

Male

Female

**I do not wish to self-identify.**

Name \_\_\_\_\_

Job Applying for: \_\_\_\_\_

*Dakota Creek Industries is an equal opportunity employer and does not discriminate against individuals on the basis of race, ethnicity, gender, national origin, religion, age, disability or any other prohibited basis.*



## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### 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>i</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 1/31/2017  
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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.

<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.