

MASCO OPERATORS, INC

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

NAME: _____ PHONE: _____ DATE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
IN CASE OF AN EMERGENCY, CONTACT _____ CONTACT'S PHONE _____
CONTACT'S ADDRESS _____

EMPLOYMENT DESIRED

Position applying for: _____
Would you be available to work extra time, if necessary?..... YES NO
If hired, on what date can you start? _____

PERSONAL INFORMATION

Have you ever applied to or worked for MASCO before?..... YES NO
If yes, when? _____
Do you have any friends or relatives working for MASCO..... YES NO
If yes, state name(s) and relationship _____
Why are you applying for work at MASCO? _____

If hired, would you have reliable means of transportation to and from work?..... YES NO
Are you able to perform the essential functions of the job for which you are applying?..... YES NO

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform functions. Hire may be subject to passing a medical examination, as well as skill and agility tests.)

Have you ever been convicted of a criminal offense, felony or serious misdemeanor?..... YES NO
(You need not list convictions for which the record has been judicially ordered sealed, expunged or statutorily eradicated or
If yes, state nature of crime(s), when and where convicted and disposition of the case _____

misdemeanor convictions for which probation has been successfully completed or otherwise discharges and the case judicially dismissed)

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the positions(s) applied may, however be considered.)

Are you currently employed?..... YES NO

If so may we contact your current employer?..... YES NO

EDUCATION	NAME OF SCHOOL	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL	_____		
COLLEGE	_____		
BUSINESS/TRADE	_____		

MARINE LICENSES AND RATINGS: (Please specify type, tonnage, ocean or near coastal, and horse power)

MASTER _____	ENGINEER _____
MATE _____	D.D.E _____
DO YOU HAVE A Z-CARD <input type="checkbox"/> YES <input type="checkbox"/> NO	A.E. _____
Q.M.E.D.? <input type="checkbox"/> YES <input type="checkbox"/> NO	A.B.-LIST TYPE _____

Has your license ever been revoked or suspended?..... YES NO

If yes, state the reason(s), date of revocation or suspended? _____

EXPERIENCE

What kind of related Industry Experience do you have? Mark any that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> United States Coast Guard | <input type="checkbox"/> Large/Cargo Vessels | <input type="checkbox"/> Research Vessels |
| <input type="checkbox"/> Construction –On Boats | <input type="checkbox"/> Maritime Academy Graduate | <input type="checkbox"/> Salvage Vessels |
| <input type="checkbox"/> Fishing Vessels | <input type="checkbox"/> United States Navy Vessels | <input type="checkbox"/> Supply Vessels |
| <input type="checkbox"/> Inland Waters | <input type="checkbox"/> Oil spill recovery Vessels | <input type="checkbox"/> Tug/Towing Vessels |
| <input type="checkbox"/> Crew Vessels | <input type="checkbox"/> Pleasure Vessels (dive, tour, etc.) | |

Mark any certificates, licenses or endorsements held in the following areas.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> C.PR. Certified | <input type="checkbox"/> Fire fighting | <input type="checkbox"/> Marine Radio Operator | <input type="checkbox"/> Survival School |
| <input type="checkbox"/> Damage Control Training | <input type="checkbox"/> First Aid | <input type="checkbox"/> Radar Observer | <input type="checkbox"/> Tankerman Endorsement |
| <input type="checkbox"/> Dynamic Positioning | <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Safety At Sea | <input type="checkbox"/> Welding School/ Training |
| <input type="checkbox"/> Emergency Medical Training | <input type="checkbox"/> Lifeboatman Endorsement | <input type="checkbox"/> SCBA Certifies | |

Mark any special or occupational skills relating to the marine industry

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Electrical-Unlicensed | <input type="checkbox"/> Radar Observer-Unlicensed | <input type="checkbox"/> Tanker man Experience |
| <input type="checkbox"/> Carpentry (on boats) | <input type="checkbox"/> Oiler Experience | <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Welder Unlicensed |
| <input type="checkbox"/> Diesel Mechanic | <input type="checkbox"/> Painting (on boats) | <input type="checkbox"/> Security Clearance | |
| <input type="checkbox"/> Diving SCUBA Certified | <input type="checkbox"/> Plumbing Experience | <input type="checkbox"/> Speak Foreign Language (list below) | |

Describe the types of vessels you have worked on such as name, size, horse power etc. and include all relevant experience particularly on Navy Ships and/ or Research Vessels.

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EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

1. Name of Employer	Address	Phone #		
Type of Business	Position	Date of Employment	Wage	
2. Name of Employer	Address	Phone #		
Type of Business	Position	Date of Employment	Wage	
3. Name of Employer	Address	Phone #		
Type of Business	Position	Date of Employment	Wage	
4. Name of Employer	Address	Phone #		
Type of Business	Position	Date of Employment	Wage	
5. Name of Employer	Address	Phone #		
Type of Business	Position	Date of Employment	Wage	

REFERENCES

List below three references (excluding relatives). You must complete this section even if attaching a resume.

Name	Address	Phone#		
Relationship	Years known			
Name	Address	Phone#		
Relationship	Years known			
Name	Address	Phone#		
Relationship	Years known			

Please Read Carefully, Initial Each Paragraph and Sign Below

MASCO OPERATORS, INC

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability of employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the even that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the agreement as to dispute, either oral or written.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and maybe terminated at any time, with or without prior written notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representatives.

I understand that any offer of employment by the company is conditioned upon my submission to and successful passage of a drug and alcohol-screening test. I hereby consent to such testing and authorize the release of the test results to the company for use in evaluating my fitness for duty.

SEND COMPLETED APPLICATION TO:

ATTN: Human Resources Department
2060 Knoll Dr Suite #100
Ventura, CA 93003
Fax: 805-658-2064