

The Dock Doctors 19 Little Otter Lane, Ferrisburgh, VT 05456 Tel: 802-877-6756 Fax: 802-877-3147

E-mail: info@thedockdoctors.com

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age sex, religion or national origin.

Personal Information: Date:					
Name					
Last	First		Middle		
Current Address: _					
	Street	City	Stat	tate/Zip	
Phone #	Drivers Licen	se #			
E-mail address:			Stat	e	
	ired for legal age to use m	achinery/equipment):			
required by DOT. working. You will	work place; therefore if A pre-employment phy be required to have a mined in our individual en	ysical (at our expense) <u>v</u> ninimum of tools pendin	<u>vill be</u> requireng employme	ed before you start	
Position applying f	or:				
Please name any ar	nd all relatives already e	employed by this compa	nny:		
Referred by:					
Where did you see	our employment ad (ho	w did you hear about th	nis position)?	:	
In case of emergen	cy contact:				
C	Name		one-Home		
Employment Desi	red / What are you int	terested in? (Circle yes	or no for eac	ch one)	
	(Fabricating wood sub				
B) Assembly (dock components, boatlifts)				Yes / No	
C) Metal working ((steel preparation, cuttin	ng, drilling, punch opera	iting)	Yes / No	
D) Welding (production fabricating)				Yes / No	
E) Welding (custor	n fabricating)			Yes / No	
F) Dock Work (on site, includes delivery and installation in the water			ater	Yes / No	
G) Deliveries/Trucking (short or long distance)			Yes / No		

<u>List of Experience:</u> (please give brief description of each, if applicable) Electrical:

Mechanical:		
Carpentry:	 	
Metal/Steel:		
1,10,111,15,1001.		

Other experience that may be applicable:

Marine / Dock Workers (summer in the field)

1) Have you ever worked on or near the water?	Yes / No
2) Do you mind being in the water?	Yes / No
3) Have you ever spent time on a boat?	Yes / No
4) Have you ever scuba dived?	Yes / No
5) Are you interested in learning to scuba dive?	Yes / No

Shop: Metal & Carpentry

1. What power tools and/or equipment have you operated?

N = never O=occasional C=comfortable (please indicate appropriate letter next to each tool

Drill Press	Radial Arm Saw	
Hand Drill	Jointer	
Electric Impact Wrench	Miter Saw	
Metal Cutoff Saw	Skill Saw (circular saw)	
Electric Band Saw (metal)	Belt Sander	
Hydraulic Shear	Screw Gun	
Plasma Cutter	Nail Gun (air)	
Electric Hand Grinder	Jig Saw	
Oxygen and Acetylene Torches	Gas Cutoff Saw	
Mig Welder	Truck with Trailer	
Stick Welder	Boat	
Band Saw (wood)	Forklift	
Table Saw	Excavator	

2. Are you knowledgeable with the following hand tools? (please answer yes or no)

Hammer	Level	
Tape Measure	Square	
Ratchets and Wrenches	Transit	

Please Answer the Following: Are you currently employed? Yes / No If so, may we inquire with your present employer? Yes / No Have you ever applied with this company before? Yes / No If so, when? _____ Date you can start? _____ Hourly wage desired? _____ Are you able to work some overtime? _____ (typical workday is 7am - 4:30pm Mon-Fri hours vary pending department and time of year) Are you able to work Saturdays? Education: Name and Location Last year completed Did you graduate Degree received Subjects of special studies or research work: Former Employers: List below the last four employers, starting with the last one first. Dates (Mo/Yr) Name/address of Employer Wage Position Reason for leaving From: To: From: To: From: To: From: To: For Office Use Only: Interviewer:______ Date of Interview: _____ Notes from Interview and/or Employment Reference: