



360.457.5752  
151 Octane Lane  
Port Angeles, WA 98362

Our Core Values:  
Respect · Teamwork · Quality Craftsmanship · Financial Responsibility · Accountability · Safety

## EMPLOYMENT APPLICATION

Date \_\_\_\_\_

### APPLICANT INFORMATION

Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Which position(s) are you applying for?

- Fabricator
- Marine Electrician
- Marine Plumber
- Cabinet Maker
- Drafter/Engineer
- Other: \_\_\_\_\_
- Welder
- Marine Mechanic/Rigger
- Finish/Interior Tech
- CNC Operator
- General Labor/Facilities

Did a Brix Marine employee refer you? If so, who? \_\_\_\_\_

Have you ever worked for Brix Marine (formerly Armstrong Marine)? If so, when?

Date Available: \_\_\_\_\_ Hours Available: \_\_\_\_\_ Wage Expectation: \_\_\_\_\_

### CERTIFICATIONS

Aluminum Welding:  AWS  CWB  USCG  RINA  DNV

ABYC:  Marine Systems  Basic Marine Electrical & Corrosion  
 Marine Electrical  Marine Corrosion  
 Standards

Industrial:  OSHA 10  OSHA 30  Forklift  Overhead Crane

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### EDUCATION

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High School or GED: \_\_\_\_\_ City, State: \_\_\_\_\_

Did you graduate?  Yes  No

College: \_\_\_\_\_ City, State: \_\_\_\_\_

Did you graduate?  Yes  No Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City, State: \_\_\_\_\_

Did you graduate?  Yes  No Degree: \_\_\_\_\_

### MILITARY SERVICE

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Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

### SKILLS

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Which of the following tools and metal fabrication equipment are you proficient in?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> MIG Welder        | <input type="checkbox"/> Grinder       | <input type="checkbox"/> Disc Sander    |
| <input type="checkbox"/> TIG Welder        | <input type="checkbox"/> Die Grinder   | <input type="checkbox"/> Mill           |
| <input type="checkbox"/> Tape Measure      | <input type="checkbox"/> Cut Off Wheel | <input type="checkbox"/> Pipe Bender    |
| <input type="checkbox"/> Sliding Table Saw | <input type="checkbox"/> Gouging Wheel | <input type="checkbox"/> Drill          |
| <input type="checkbox"/> Table Saw         | <input type="checkbox"/> Small Press   | <input type="checkbox"/> Router         |
| <input type="checkbox"/> Band Saw          | <input type="checkbox"/> Large Press   | <input type="checkbox"/> Sawzall        |
| <input type="checkbox"/> Skill Saw         | <input type="checkbox"/> Drill Press   | <input type="checkbox"/> Small Forklift |
| <input type="checkbox"/> Chop Saw          | <input type="checkbox"/> Lathe         | <input type="checkbox"/> Large Forklift |
| <input type="checkbox"/> Jig Saw           | <input type="checkbox"/> Shear         |   |

Other professional skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**PREVIOUS EMPLOYMENT**

Company: \_\_\_\_\_ City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor Name & Phone: \_\_\_\_\_

May we contact your supervisor for employment verification/reference?  Yes  No

Company: \_\_\_\_\_ City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor Name & Phone: \_\_\_\_\_

May we contact your supervisor for employment verification/reference?  Yes  No

Company: \_\_\_\_\_ City, State: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor Name & Phone: \_\_\_\_\_

May we contact your supervisor for employment verification/reference?  Yes  No

**ACKNOWLEDGMENT**

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States.

Brix Marine provides equal employment opportunities to all employees and applicants for employment, without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital or veteran/military status, pregnancy, HIV status, the presence of disabilities, or any other classification protected by applicable law.

By signing this application, I certify that the information is true and complete to the best of my knowledge. I understand that providing false or misleading information in my application or subsequent communication may disqualify me for employment or result in my dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date