VELO-CITY UL INTERNSHIP APPLICATION

Please Return Completed Form To:

Thain Electric Boat Company, Inc.

300 West Marine View Dr. Everett, WA 98201

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

injormation i	o enter in a sect	ion, pieuse writi	E 14/21.				
			Name an	d Address			
Name (First	, MI, Last)						
Mailing Add	iress						
City, State,	and Zip Code				3,71		
Telephone			Alternate Phone				
If under 18, please list age			Email				
	Job Type						
]	Days/hours av	ailable to wo	·k		
© I have no preference.	© Mon.	© Tues.	© Wed.	© Thurs.	© Fri.	© Sat.	© Sun.
I am seeking a: 6 Full-time job 6 Part-time job				© Full- or Part-time			
How many hours can you work weekly?			Can you wo	Can you work nights? Date available to begin		ble to begin	
Additional Information							
Have you ever been employed by this organization in the past?				© Yes	© No		
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.				© Yes	© No		

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I am seeking a: © Full-time job © Part-time job				© Full- or Pa	rt-time		
How many hours can you work weekly?			Can you wo	ork nights?	Date availa	able to begin	
	Additional Information						
Have you ever been employed by this organization in the past?				© Yes	© No		
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.					© No		
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a © Yes withheld judgment to a felony?							
If Yes, pleas	e explain:						
4							

Education					
School	Location (mailing address)	Years Completed	Major	Degree or Diploma	
High School					
College or Business/Trad	e School				

Work Experience				
Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.				
Company	Name of last supervisor		Hrs/week	
Address	Start Date	Starting Sal	ary	
City, State, and Zip Code	End Date	Final Salary		
Phone number	Your last job title			
Reason for leaving (be specific)				

List the jobs you held, duties performed, skills used or at this company.	learned, advancements or p	promotions whi	le you worked		
May we contact this employer? © Yes © No)				
Company	Name of last supervisor		Hrs/week		
Address	Start Date	Starting Sal	ary		
City, State, and Zip Code	End Date	Final Salary	7		
Phone number	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.					
May we contact this employer? © Yes © No					
Work Experience (continued)					

Work Experience (continued)					
Company	Name of last supervisor	Hrs/week			
Address	Start Date	Starting Salary			
City, State, and Zip Code	End Date	Final Salary			
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Reason for leaving (be specific)					
Languages you speak fluently: 1. 2. 3. Other Information					
I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.					
Signature		Date			