



THE VANE BROTHERS COMPANY

Thank you for your interest in employment with Vane Brothers.

Please forward the employment application, and return it along with a copy of the front and backside of your current MMD (Merchant Mariner's Document) or MMC (Merchant Mariner's Credential) and your TWIC (Transportation Worker Identification Credential).

In addition, if you are applying for a Tug Operator position (Captain or Mate), complete the detailed Work History Form for Tug Operator. If you are applying for a Tankerman position complete the detailed Work History Form for Tankerman.

You may also include any other pertinent information such as USCG license(s), resume, certificates or letters of recommendation.

Please forward your information via:

Fax: 410-735-8280

or

Email: fleetresumes@vanebrothers.com

or

Mail USPS: The Vane Brothers Company
2100 Frankfurst Avenue
Baltimore, MD 21226-1026
Attn: Fleet Development – Tom Lamm

Should you have any additional questions you may contact me in Fleet Recruiting.

Thank you,

Tom Lamm
Fleet Development Manager
The Vane Brothers Company
2100 Frankfurst Ave.
Baltimore, MD 21226
Phone: 410-735-8238
tlamm@vanebrothers.com

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status.

PLEASE NOTE: This application form was designed for use by persons applying for various Maritime positions. **Please answer all questions to the best of your ability.** All information will be treated confidentially. **INCOMPLETE APPLICATIONS MAY BE DISQUALIFIED.**

PLEASE PRINT

Position applied for:	Date of Application:
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Initial	Other Names	
Address	Street	City	State	Zip Code
Telephone Number(s) and Email Address			Social Security Number - Optional	
<input type="checkbox"/> Home _____				
<input type="checkbox"/> Cell _____				
<input type="checkbox"/> Other _____				
<input type="checkbox"/> Email _____				

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

If yes, give date _____

Have you ever been employed with us before? ☐ Yes ☐ No

If yes, give date _____

Are any of your relatives employed with us? ☐ Yes ☐ No

If yes, list name(s) and department(s) _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Do you have any commitment or contract with another employer that might affect your employment with us? ☐ Yes ☐ No

If yes, please explain. _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No
(Proof of citizenship or immigration status will be required upon employment.)

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

WE ARE AN EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER

Are you currently on "laid-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No
(Conviction will not necessarily disqualify an applicant from employment).

If yes, please explain. _____

Are you willing to undergo a pre-employment physical exam which may include drug screening? ☐ Yes ☐ No

Are you able to perform all of the essential duties described of the position for which you are applying? ☐ Yes ☐ No

If no, please explain. _____

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities, volunteer organizations and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status:

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special job-related skills and qualifications acquired.

SKILLS FOR CLERICAL APPLICANTS:

Typing speed _____ words per minute

Business machines you can operate _____

Other _____

Specialized Skills	Check Skills/Equipment Operated		
_____ Computer	_____ Fax	Production/Mobile Machinery (list):	Other (list)
_____ PC	_____ Excel	_____	_____
_____ Calculator	_____ Phone System	_____	_____
_____ Typewriter	_____ MS Word	_____	_____

EDUCATION AND SKILLS:

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skill and extracurricular activities																	

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Complete all requested information per employer. Incomplete applications may be disqualified.

1.	Employer	Dates of Employment				Work Performed												
	Address	From		To														
	Telephone Number(s)	Hourly Rate/Salary																
	Job Title		Supervisor		Starting													Final
	Reason for Leaving																	
2.	Employer	Dates of Employment				Work Performed												
	Address	From		To														
	Telephone Number(s)	Hourly Rate/Salary																
	Job Title		Supervisor		Starting													Final
	Reason for Leaving																	
3.	Employer	Dates of Employment				Work Performed												
	Address	From		To														
	Telephone Number(s)	Hourly Rate/Salary																
	Job Title		Supervisor		Starting													Final
	Reason for Leaving																	

If you need additional space, please continue on a separate sheet of paper.**REFERENCES:**

Give name, address and telephone number of three references who are not related to you and can comment on your skills as they relate to the position for which you are applying.	
1.	_____
2.	_____
3.	_____

AGREEMENT: *(Please read the following statements carefully)*

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that if employed my employment can be terminated, with or without cause, at any time for any lawful reason at the discretion of either the company or myself. I understand that employment with the company will be "At Will Employment" meaning that I do not have an employment contract. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that no management official other than an officer of the company has any authority to enter into any agreement contrary to the foregoing except in an agreement signed by an officer of the company.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision. I give my consent for background checks to be processed accordingly if required. This application for employment may be considered for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

Date

Name, as it appears on application (Please print)

SIGNATURE

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Position applied for: _____ **Job offer:** ☐ YES ☐ NO

Rejected _____ incomplete application _____ gaps in employment _____ other
_____ lack of experience _____ no show pre employment screens

Reference Check (see attached)

By:

- ☐ The Vane Brothers Company
- ☐ Vane Line Bunkering Inc.
- ☐ Vane Brothers Marine Safety & Services, Inc.
- ☐ Maryland
- ☐ Virginia

Employed ☐ Yes ☐ No

Date of Hire _____

Job Title _____

Hourly Rate/
Salary _____ Department

NAME AND TITLE

Date:

NOTES: _____

EMPLOYMENT DATA RECORD:

Applicants and/or employees are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disabled, or any other legally protected status.

We comply with government regulations regarding Affirmative Action responsibilities, where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your application for employment or personnel file if employed.

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on the sex, age, ethnicity, disability, veteran status and other protected status of employees. This data is for statistical analysis with respect to the success of the affirmative action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	ZIP Code
Social Security Number		

PLEASE COMPLETE THIS SECTION		
Current Job		
Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB	
Check One of The Following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Two or more races	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or other Pacific Islander		
Check All That Apply of the Following (Veteran Status)		
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Other Protected Veteran	<input type="checkbox"/> Armed Forces Service Medal Veteran
<input type="checkbox"/> Special Disabled Veteran	<input type="checkbox"/> Recently Separated Veteran	

Tankerman Work History

The Vane Brothers Company

Name: _____

1. Have you ever worked on a bunker barge? How long? In what capacity?

1a. Please list all bunker barges that you have worked.

2. Have you ever worked on a multi-grade clean oil barge? How long? In what capacity?

2a. Please list all multi-grade clean oil barges that you have worked

3. Have you ever worked on a barge that has vapor recovery? If so, for how long?

3a. Please list all barges that had vapor recovery that you worked on.

4. Have you ever worked on a black oil barge that has a heater? If so, how long?

4a. Please list all black oil barges that had a heater that you worked on.

5. Do you know how to plan a load? Y or N

6. Do you know how to calculate a barge blend? Y or N

7. Do you know how to calculate stop gauges? Y or N

8. Do you know how to properly fill out an ullage sheet? Y or N

9. Do you know how to calculate how many barrels to load when the orders are asking for delivery of Metric tonnes? Y or N

10. Do you know how to complete all bunker paperwork? Y or N

11. In your present or former position did you regularly do the following?

- | | | | |
|---|---|----|---|
| a. Plan for a load and set up stop gauges. | Y | or | N |
| b. Set the barge up for a load (valve settings). | Y | or | N |
| c. Top off tanks. | Y | or | N |
| d. Take samples. | Y | or | N |
| e. Gauge tanks and complete paper work. | Y | or | N |
| f. Set up barge for discharge. | Y | or | N |
| g. Strip tanks. | Y | or | N |
| h. Complete all bunker paper work. | Y | or | N |
| i. Take drip samples on bunker deliveries. | Y | or | N |
| j. Start, operate and stop pump engines. | Y | or | N |
| k. Start and stop generator engines and put on the board. | Y | or | N |
| l. Perform routine maintenance on all engines. | Y | or | N |
| m. Use the anchor windlass to drop and raise anchor. | Y | or | N |
| n. Use mooring winches. | Y | or | N |
| o. Use capstans. | Y | or | N |
| p. Properly tending mooring lines. | Y | or | N |
| q. Use yoko fenders. | Y | or | N |
| r. Operate crane/boom. | Y | or | N |
| s. Were you ever the P.I.C. or Barge Captain? | Y | or | N |

Signature: _____ Date: _____



Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

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.¹ 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
Page 2 of 2

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.

ⁱ 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.

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.