



**Employment Application
For a
Conditional
Job Offer
Shoreside, Administrative
and Support Personnel**

For Great Lakes:
ATTN: Human Resources
4500 Division Avenue
Cleveland, OH 44113
(216) 621-4854

For Puerto Rico:
ATTN: Human Resources
Pier 15
Calle Miraflores Esq. Villa Verde
San Juan, PR 00907
(787) 722-1500

INSTRUCTIONS: This application for a Conditional Job Offer, must be completed in its entirety, and submitted with resume and required documentation (as indicated) to be considered for employment. Incomplete applications will not be considered.

The Company may ask disability-related questions; require medical examinations and require submission of further documentation and information from an applicant after the applicant has been given a Conditional Job Offer. Upon receipt and review of requested submissions, documentation, and information, to the satisfaction of the Company, the Company may make a Conditional Job Offer to the applicant, and require an interview, but the Company is under no obligation to do so. Applications are considered active for 45 days, at which point applicants not hired must reapply. **Completeness and neatness of this application will be used in considering suitability of applicant for the position applied for.** If information is not applicable, then write "N/A". DO NOT leave any blanks. DO NOT write in the shaded areas.

"Equal Opportunity/Affirmative Action Employer"

We ensure that all individuals have an equal opportunity for employment, without regard to race, color, religion, sex, national origin, disability or status as a veteran. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Our company Affirmative Action Program refers to our aggressive recruitment programs, mentoring, training, and family programs that work to recruit and retain qualified individuals. Equal access to employment services and programs are available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Company personnel representative at the address shown above.

1. Date of Application		2. Name		
(Month) (Date) (Year)		(First)	(M.I.)	(Maiden-Optional)
				(Last)
3. Social Security Number		4. Home Telephone Number (including area code)		
5. E-Mail Address		6. Mobile or Other Telephone Number where you can be reached (including area code)		
7. Driver's License No.		10. Emergency Contact and Relationship to you		
7(a) State of Issue		(Contact)		
7(b) Expiration Date (Month, Day, Year)		(Relationship)		
8. Are you a U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Emergency Contact's Telephone Number (including area code)		
8(a) If "No", Do you have a Current Work Visa	<input type="checkbox"/> Yes <input type="checkbox"/> No			
8(b) If Yes, Country of Issue		12. Second Emergency Contact's Telephone Number (including area code)		
8(c) Expiration Date (Month, Day, Year)				
9. Do You Have a Passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Emergency Contact's E-Mail Address		
9(a) If so, Expiration Date (Month, Day, Year)				
14. Birth Place: (City)		(State)		(Country)

15. Present Mailing Address																			
<i>Street</i>						<i>Apartment Number</i>													
<i>City</i>				<i>State</i>		<i>ZIP Code</i>													
16. Permanent Mailing Address (Indicate "same" if same as block 15.)																			
<i>Street</i>						<i>Apartment Number</i>													
<i>City</i>				<i>State</i>		<i>ZIP Code</i>													
17. Date Available to Start Work																			
<input type="checkbox"/> Check here, if immediately available, or enter date:			<i>Month</i>		<i>Day</i>		<i>Year</i>												
18. Which Company are you applying to? (Check all that apply)			19. Location Preference (Check all that apply)		20. Which position are you applying for? (Check all that apply)														
<input type="checkbox"/> The Great Lakes Towing Company® <input type="checkbox"/> Puerto Rico Towing & Barge Co. SM <input type="checkbox"/> Soo Linehandling Services, Inc. <input type="checkbox"/> Other (Specify) 			<input type="checkbox"/> Cleveland, OH (Hqtrs.) <input type="checkbox"/> Great Lakes Ports <input type="checkbox"/> Sault Ste. Marie, MI If specific port(s) are desired, specify: <input type="checkbox"/> Other (Specify) 		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">(a) Vessel Afloat</td> <td style="width:33%;">(b) Vessel Ashore</td> <td style="width:33%;">(c) Office Position</td> </tr> <tr> <td> <input type="checkbox"/> Captain <input type="checkbox"/> Engineer <input type="checkbox"/> Deckhand/Acting Engineer <input type="checkbox"/> Deckhand <input type="checkbox"/> Captain - Alternate <input type="checkbox"/> Engineer - Alternate <input type="checkbox"/> Other (Specify) </td> <td> <input type="checkbox"/> Port Captain <input type="checkbox"/> Port Engineer <input type="checkbox"/> Shipyard Employee <input type="checkbox"/> Yardman <input type="checkbox"/> Other (Specify) </td> <td> <input type="checkbox"/> Accounting <input type="checkbox"/> General Admin <input type="checkbox"/> Engineering <input type="checkbox"/> Operations <input type="checkbox"/> Sales & Marketing <input type="checkbox"/> Secretarial <input type="checkbox"/> Other (Specify) </td> </tr> <tr> <td colspan="3">(d) Linehandling</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Linehandler </td> </tr> </table>			(a) Vessel Afloat	(b) Vessel Ashore	(c) Office Position	<input type="checkbox"/> Captain <input type="checkbox"/> Engineer <input type="checkbox"/> Deckhand/Acting Engineer <input type="checkbox"/> Deckhand <input type="checkbox"/> Captain - Alternate <input type="checkbox"/> Engineer - Alternate <input type="checkbox"/> Other (Specify) 	<input type="checkbox"/> Port Captain <input type="checkbox"/> Port Engineer <input type="checkbox"/> Shipyard Employee <input type="checkbox"/> Yardman <input type="checkbox"/> Other (Specify) 	<input type="checkbox"/> Accounting <input type="checkbox"/> General Admin <input type="checkbox"/> Engineering <input type="checkbox"/> Operations <input type="checkbox"/> Sales & Marketing <input type="checkbox"/> Secretarial <input type="checkbox"/> Other (Specify) 	(d) Linehandling			<input type="checkbox"/> Linehandler		
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(d) Linehandling																			
<input type="checkbox"/> Linehandler																			
21. Education and Training																			
21(a) High School (Write the name and location of the last high school you attended or where you obtained your GED high school equivalency)																			
<i>Name of High School</i>				<i>City</i>		<i>State</i>		<i>Years Completed (Check)</i>											
								1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>											
21(b) Did you receive a diploma? Yes <input type="checkbox"/> No <input type="checkbox"/>				If NO, Did you receive a GED equivalency? Yes <input type="checkbox"/> No <input type="checkbox"/>															
21(c) Have you ever attended college or graduate school? YES <input type="checkbox"/> if yes continue to block 21(d) No <input type="checkbox"/> If NO, go to block 21(g)																			
21(d) College/University																			
<i>Name of College/University School</i>				<i>City</i>		<i>State</i>		<i>ZIP Code</i>											
<i>Month and Year Attended</i>		<i>Number of Credit Hours Completed</i>		<i>Type of Degree (e.g. BA, MA)</i>		<i>Month and Year of Degree</i>													
<i>Month</i>	<i>Year</i>	<i>Semester</i>	<i>Quarter</i>			<i>Month</i>	<i>Year</i>												

21. Education and Training (continued)							
21(e) Chief Undergraduate Subjects (Show Major on the first line)		Number of Credit Hours		Chief Graduate Subjects (Show Major on the first line)		Number of Credit Hours	
		Semester	Quarter			Semester	Quarter
21(f) If you have completed any other courses or training related to the kind of job(s) you are applying for (business, vocational, trade, Armed Forces) provide information below.							
Name of School			City		State	ZIP Code	
Month and Year Attended		Class Room Hours	Subject(s)			Training Completed (Check Box)	
Month	Year						
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
21(g) If you have completed any other courses or training related to the kind of job(s) you are applying for (business, vocational, trade, Armed Forces) provide information below.							
Name of School			City		State	ZIP Code	
Month and Year Attended		Class Room Hours	Subject(s)			Training Completed (Check Box)	
Month	Year						
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
21(h) If you have completed any other courses or training related to the kind of job(s) you are applying for (business, vocational, trade, Armed Forces) provide information below.							
Name of School			City		State	ZIP Code	
Month and Year Attended		Class Room Hours	Subject(s)			Training Completed (Check Box)	
Month	Year						
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
21(i) If you have completed any other courses or training related to the kind of job(s) you are applying for (business, vocational, trade, Armed Forces) provide information below.							
Name of School			City		State	ZIP Code	
Month and Year Attended		Class Room Hours	Subject(s)			Training Completed (Check Box)	
Month	Year						
						Yes <input type="checkbox"/> No <input type="checkbox"/>	
21(j) If you have completed any other courses or training related to the kind of job(s) you are applying for (business, vocational, trade, Armed Forces) provide information below.							
Name of School			City		State	ZIP Code	
Month and Year Attended		Class Room Hours	Subject(s)			Training Completed (Check Box)	
Month	Year						
						Yes <input type="checkbox"/> No <input type="checkbox"/>	

22. Employment History

Please start with your most recent job, and list your last four (4) employers or your employers during the past five (5) years. All past five (5) years of employment must be included. Attach additional sheets as necessary. Include military service assignments and volunteer activities. This information must be detailed below.

If a resume is attached or has been previously submitted, ONLY include information that IS NOT on the resume. (Make sure you list Employer name with this information)

22(a) Do you authorize the Company to contact your present or last employer regarding your character, qualifications, and record of employment? Yes ☐ No ☐ A "NO" will not affect the initial evaluation of your qualifications. If it is necessary to contact your present or last employer prior to final selection, you will be notified first. NOTE: If you are applying for a DOT-Regulated position, the Company is required to obtain Drug & Alcohol Testing information prior to employing someone in a safety-sensitive function in accordance with 49CFR40.25

22(b) Name of Present or Last Employer**22(c) Address**

Street	Suite Number
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City	State	ZIP Code
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22(d) Present or Last Job Title**22(e) Dates of Present or Last Employment**

Month	Year	To	Month	Year

22(f) Name of Present or Last Supervisor**22(g) Telephone Number**

(First)	(Last)	Area Code	Prefix	Last 4 Numbers

22(h) Salary History (Present or Last salary held. Must be indicated in order for consideration)

Wage (Per Hour, Day, Month, or Year as checked)	Per (Check One):
\$	<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year

22(i) Duties Performed**22(j) Reason for Leaving**

22. Employment History (continued)				
22(k) Do you authorize the Company to contact your present or last employer regarding your character, qualifications, and record of employment? Yes <input type="checkbox"/> No <input type="checkbox"/> A "NO" will not affect the initial evaluation of your qualifications. If it is necessary to contact your present or last employer prior to final selection, you will be notified first. NOTE: If you are applying for a DOT-Regulated position, the Company is required to obtain Drug & Alcohol Testing information prior to employing someone in a safety-sensitive function in accordance with 49CFR40.25				
22(l) Name of prior Employer				
22(m) Address				
<i>Street</i>				<i>Suite Number</i>
<i>City</i>			<i>State</i>	<i>ZIP Code</i>
22(n) Prior Job Title				
22(o) Dates of Prior Employment				
<i>Month</i>	<i>Year</i>	<i>To</i>	<i>Month</i>	<i>Year</i>
22(p) Name of Prior Supervisor			22(q) Telephone Number	
<i>(First)</i>	<i>(Last)</i>		<i>Area Code</i>	<i>Prefix</i>
22(r) Salary History (Last salary held)				
<i>Wage (Per Hour, Day, Month, or Year as checked)</i>		<i>Per (Check One):</i>		
		<input type="checkbox"/> <i>Hour</i> <input type="checkbox"/> <i>Day</i> <input type="checkbox"/> <i>Month</i> <input type="checkbox"/> <i>Year</i>		
22(s) Duties Performed				
22(t) Reason for Leaving				

22. Employment History (continued)				
<p>22(u) Do you authorize the Company to contact your present or last employer regarding your character, qualifications, and record of employment? Yes <input type="checkbox"/> No <input type="checkbox"/> A "NO" will not affect the initial evaluation of your qualifications. If it is necessary to contact your present or last employer prior to final selection, you will be notified first. NOTE: If you are applying for a DOT-Regulated position, the Company is required to obtain Drug & Alcohol Testing information prior to employing someone in a safety-sensitive function in accordance with 49CFR40.25</p>				
22(v) Name of prior Employer				
22(w) Address				
<i>Street</i>				<i>Suite Number</i>
<i>City</i>			<i>State</i>	<i>ZIP Code</i>
22(x) Prior Job Title				
22(y) Dates of Prior Employment				
<i>Month</i>	<i>Year</i>	<i>To</i>	<i>Month</i>	<i>Year</i>
22(z) Name of Prior Supervisor			23(aa) Telephone Number	
<i>(First)</i>	<i>(Last)</i>		<i>Area Code</i>	<i>Prefix</i>
22(bb) Salary History (Last salary held)				
<i>Wage (Per Hour, Day, Month, or Year as checked)</i>		<i>Per (Check One):</i>		
		<input type="checkbox"/> <i>Hour</i> <input type="checkbox"/> <i>Day</i> <input type="checkbox"/> <i>Month</i> <input type="checkbox"/> <i>Year</i>		
22(cc) Duties Performed				
22(dd) Reason for Leaving				

22. Employment History (continued)				
22(ee) Do you authorize the Company to contact your present or last employer regarding your character, qualifications, and record of employment? Yes <input type="checkbox"/> No <input type="checkbox"/> A "NO" will not affect the initial evaluation of your qualifications. If it is necessary to contact your present or last employer prior to final selection, you will be notified first. NOTE: If you are applying for a DOT-Regulated position, the Company is required to obtain Drug & Alcohol Testing information prior to employing someone in a safety-sensitive function in accordance with 49CFR40.25				
22(ff) Name of prior Employer				
22(gg) Address				
Street				Suite Number
City			State	ZIP Code
22(hh) Prior Job Title				
22(ii) Dates of Prior Employment				
Month	Year	To	Month	Year
22(jj) Name of Prior Supervisor			22(kk) Telephone Number	
(First)	(Last)	Area Code	Prefix	Last 4 Numbers
22(ll) Salary History (Last salary held)				
Wage (Per Hour, Day, Month, or Year as checked)		Per (Check One):		
		<input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Month <input type="checkbox"/> Year		
22(mm) Duties Performed				
22(nn) Reason for Leaving				

23. Professional References (List three [3] persons not listed in blocks 22(f), 22(p), 22(z), or 22(jj) who are not related to you, and who are familiar with you)				
23(a) Name		23(b) Telephone Number		
(First)	(Last)	Area Code	Prefix	Last 4 Numbers
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>				
23(c) Address				
Street				Suite Number
City			State	ZIP Code
23(d) Nature of association with you				
23(e) Name		23(f) Telephone Number		
(First)	(Last)	Area Code	Prefix	Last 4 Numbers
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>				
23(g) Address				
Street				Suite Number
City			State	ZIP Code
23(h) Nature of association with you				
23(i) Name		23(j) Telephone Number		
(First)	(Last)	Area Code	Prefix	Last 4 Numbers
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>				
23(k) Address				
Street				Suite Number
City			State	ZIP Code
23(l) Nature of association with you				

24. Professional, Educational or Civic Organizations <i>(List memberships as indicated. You may exclude those which may disclose your race, color, religion or national origin)</i>				
24(a) Name of Organization		City	State	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
24(b) Type of Organization				
24(c) Nature of Membership				
24(d) Dates of Membership: <i>Month & Year</i> <div style="float: right;"><i>Month & Year</i></div>				
		<i>TO</i>		
24(e) Name of Organization		City	State	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
24(f) Type of Organization				
24(g) Nature of Membership				
24(h) Dates of Membership: <i>Month & Year</i> <div style="float: right;"><i>Month & Year</i></div>				
		<i>TO</i>		
24(i) Name of Organization		City	State	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
24(j) Type of Organization				
24(k) Nature of Membership				
24(l) Dates of Membership: <i>Month & Year</i> <div style="float: right;"><i>Month & Year</i></div>				
		<i>TO</i>		
25. Active Military Service				
25(a) Have you served in the United States Military Service? (If your only active duty was training in the Reserves or National Guard, answer "NO". Yes <input type="checkbox"/> No <input type="checkbox"/> If "YES" See attached Supplemental Part IV (Optional) - Special Notice to Covered Veterans				
25(b) Did you retire? Yes <input type="checkbox"/> No <input type="checkbox"/>				
25(c) Were you discharged from the military service under honorable conditions? (if your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "YES". If you receive a clemency discharge, answer "NO".) If "NO", provide the date and type of discharge you received below: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Month	Day	Year	Type of Discharge	
25(d) If last employment was military service, attach copies of DOD Form DD-214 and, at the applicants option, attach your last three (3) performance evaluations prior to discharge.				

26. Referral Information				
26(a) How did you hear about the Company? (Check all that apply)				
Newspaper ad <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> Union <input type="checkbox"/> Website <input type="checkbox"/> Other (Specify) _____				
26(b) Were you referred by someone? (Check Box)				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, by whom?	Name			
	(First)		(Last)	
26(c) May we contact them for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>				
26(d) Have you ever applied to, or worked for a Company in the Great Lakes Group of Companies before?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of Company and when?	Name of Company		Date	
			<i>Month</i>	<i>Day</i>
			<i>Year</i>	
27. Additional Questions				
<p>NOTE: It is important that you give complete and truthful answers to questions below. If you answer "YES" to any of them, provide your explanation(s) in block 27(g). Include convictions resulting from a plea of nolo contendere (no contest). Omit: (1) traffic fines of \$100.00 or less; (2) any violation of law committed before your 16th birthday; (3) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a Youth Offender law; (4) any violation of law aside under the Federal Youth Corrections Act or similar state law; (5) any conviction whose record was expunged under Federal or state law. We will consider the date, facts, and circumstances of each event you list. In most cases you can still be considered for employment. However, if you fail to tell the truth or fail to list all relevant events or circumstances, this may be grounds for not hiring you, or for firing you after you begin work</p>				
27(a) During the last five (5) years, were you fired from any job for any reason, did you quit after being told you would be fired, or did you leave by mutual agreement because of specific problems? Yes <input type="checkbox"/> No <input type="checkbox"/>				
27(b) Have you ever been convicted of, or forfeited collateral for any felony violation? (Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one (1) year, except for violations called misdemeanors under State law which are punishable by imprisonment of two (2) years or less). Yes <input type="checkbox"/> No <input type="checkbox"/>				
27(c) Have you ever been convicted, or forfeited collateral for any firearms or explosives violation? Yes <input type="checkbox"/> No <input type="checkbox"/>				
27(d) Are you now under charges for any violation of law? Yes <input type="checkbox"/> No <input type="checkbox"/>				
27(e) During the last five (5) years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do not include violations reported in 27(b), 27(c), or 27(d), above. Yes <input type="checkbox"/> No <input type="checkbox"/>				
27(f) Have you ever been convicted by a military court martial? If no military service, answer "NO". Yes <input type="checkbox"/> No <input type="checkbox"/>				
27(g) If "YES" in block 27(a): Explain for each job the problem(s) and your reason(s) for leaving. Give the employer's name and address. If "YES" in blocks 27(b) through 27(f): Explain each violation. Give place of occurrence and name/address of police or court involved.				
Item No.	Month & Year		Explanation	Mailing Address
				(Name of employer, Police, Court or Agency)
Item No.	Month & Year		Explanation	Mailing Address
				(Name of employer, Police, Court or Agency)

Item No.	Month & Year		Explanation	Mailing Address
				(Name of employer, Police, Court or Agency)
Item No.	Month & Year		Explanation	Mailing Address
				(Name of employer, Police, Court or Agency)
Item No.	Month & Year		Explanation	Mailing Address
				(Name of employer, Police, Court or Agency)
Item No.	Month & Year		Explanation	Mailing Address
				(Name of employer, Police, Court or Agency)

28. Representations
28(a) Attendance: The Company is a service provider and employee attendance is critical to meet customer service demands.
(i) Are you able to meet the Company's attendance requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) How many days, other than vacation days, were you absent from your last job? Less than 5 <input type="checkbox"/> 6-10 <input type="checkbox"/> More than 10 <input type="checkbox"/>
(iii) How many Mondays or Fridays were you absent last year on leave other than approved vacation leave? Number of Mondays _____ Number of Fridays _____
(iv) Do you have any objection to working overtime if necessary? Yes <input type="checkbox"/> No <input type="checkbox"/>
28(b) Illegal Drug Use / Medical History:
(i) Have you ever used illegal drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Have you used illegal drugs within the last six (6) months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when was the last time you used illegal drugs?
(iii) Have you ever been convicted for driving under the influence of illegal drugs or alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>
28(c) General Employment Information
(i) Can you travel if required by this position? Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Can you submit proof of legal employment authorization and identity as required by governmental authorities? Yes <input type="checkbox"/> No <input type="checkbox"/>
(iii) Are you under eighteen (18) years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
(iv) Can you perform any or all job functions for the position applied for, with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>

29. Certifications

29(a) I understand that the Company's Policy on Alcohol, Drugs and Controlled Substances requires Chemical Testing for employees as listed below. I am willing to participate in the required Pre-Employment Chemical Test and, if hired, to comply with the aforementioned Company policy.

(a) _____
Initial

I. Vessel Employees Afloat: *Pre-Employment, Periodic, Random, Reasonable Cause, Post-Accident Testing.*

- a. Any person, tugman, or crew member engaged or employed on board a Company tug, barge, vessel, or equipment acting under the authority of a license, certificate of registry, or merchant mariner's document, whether or not a member of the Company tug's crew;
- b. Any person employed shore side as an employee or supervisor, who, by virtue of his or her shore side position, may be engaged or employed on board a Company tug acting under authority of a license, certificate of registry, or merchant mariner's document, whether or not the employee is a member of the Company tug's crew.

II. Vessel Employees Ashore, Shipyard Employees and Linehandlers: *Pre-Employment, Periodic, Random, Reasonable Cause, Post-Accident Testing.*

- a. Any person engaged in duties which directly affect the safety of a Company tug's navigation or operations, or whose duties involve potentially dangerous and hazardous work that may endanger the safety of either themselves or other employees.
- b. All Company shipyard, or other Company maintenance facility employees (excluding administrative and clerical personnel);
- c. All other employees who perform repair and maintenance, construction, and reconstruction duties on board vessels and the dry dock;
- d. All Soo Linehandling Services, Inc. employees (excluding administrative and clerical personnel); and Employees, in various ports

III. Administrative (including Management and Clerical) Personnel: *Reasonable Cause Testing.*

- a. All shore side employees performing administrative, management, and clerical duties who are not engaged or employed on board a Company tug, barge, or vessel.
- b. Any person engaged in duties which DO NOT directly affect the safety of a Company tug's navigation or operations, or whose duties DO NOT involve potentially dangerous work that may endanger the safety of either themselves or other employees.

(b) _____
Initial

29(b) I certify that the information provided in this employment application for a Conditional Job Offer (and accompanying resume, or documentation, if any) is true and complete, and I understand that any false or misleading information, misrepresentation or material omission may disqualify me from further consideration for employment or immediate termination of employment, if I am employed, whenever it may be discovered. I agree to immediately notify the Company if I should be convicted of a felony, of any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse, or violence, while my job application is pending, or during my period of employment if hired.

29. Certifications

29(c) I understand that I am authorizing the release of pre-employment information gained through my employment references. This is to allow the Company to verify and, in the Company's discretion, to perform other background investigations to determine my qualification for employment. Further, I understand that the Company, through a separate Company may investigate my academic credentials, prior employment, personal/professional references, credit record, motor vehicle record, and/or criminal record. I understand that a report may include information obtained through personal interview regarding your character, general reputation, personal characteristics, and/or mode of living. I understand that I may make a written request to obtain a description of the nature and scope of any report, which is prepared regarding me.

(c) _____
Initial

29(d) I understand that this Application is for a Conditional Job Offer and does not constitute an offer or create a contract of employment. I understand that if an offer of employment is made, and if hired, I am obliged to comply with the Company' current and subsequently adopted policies, including the Company's Employment Manual, the Company's Policy on Alcohol, Drugs and Controlled Substances, and the Company's Responsible Carrier Program Manual. I am also aware that the aforementioned Company Policies on Alcohol, Drugs, and Controlled Substances, among other things, prohibits the use and possession of intoxicants (dangerous drugs and alcohol) on Company property and vessels, and that violation of the Policies will result in disciplinary action, including suspension, and may result in termination of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason, with or without notice. Accordingly, either the Company or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal law or state law. I understand that no person is authorized to change any of the items mentioned in this employment application for a Conditional Job Offer.

(d) _____
Initial

29(e) I understand that if employed in a temporary position, I will not be entitled to health and other benefits afforded employees in permanent positions.

(e) _____
Initial

29(f) I understand that it is the Company's policy not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the Americans with Disabilities Act.

(f) _____
Initial

29(g) I understand that once I am offered a conditional job offer and I accept, I will be required to provide satisfactory proof of identity and legal work authorization before my initial start date. Failure to submit such proof and/or the Company not being able to confirm legal work authorization through the E-Verify process, my conditional job offer with the company will be provoked.

(g) _____
Initial

29(h) I understand that once I am offered a conditional job offer and I accept, a criminal background check will be performed. If I have not been totally honest with the Company on my background, my conditional job offer with the company will be provoked.

(h) _____
Initial

I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

Applicant's Signature _____

SPECIAL NOTICE TO “COVERED VETERANS” (OPTIONAL)

Disabled, Other Protected, Armed Forces Special Medal, and Recently Separated Veterans

Government contractors are subject to 38 U.S.C. 4212 of the Covered Veterans – “Veterans’ Employment Emphasis under Federal Contracts”. Revised law went into effect as of January 7, 2011. This revised law requires that government contractors take affirmative action to employ and advance qualified Covered Veterans in employment. The term “Covered Veteran” means any of the following veterans:

1. **Disabled Veteran:** Any veteran that served on active duty in the U.S. military ground, naval, or air services and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veterans Affairs, or was discharged or released from active duty because of a service-connected disability.
2. **Other Protected Veteran:** Any veteran who served on active duty in the U.S. military ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge was authorized.
3. **Armed Forces Special Medal Veteran:** Any veteran who, while serving on active duty in the U.S. military ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 Fed. Reg. 1209).
4. **Recently Separated Veteran:** Any veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran’s discharge or release from active duty.

USERRA (The Uniformed Services Employment and Reemployment Rights Act) requires employers to go further than the ADA by making reasonable efforts to assist a veteran who is returning to employment in becoming qualified for a job. The employer must help the veteran become qualified to perform the duties of the position whether or not the veteran has a service-connected disability requiring reasonable accommodation. This could include providing training or retraining for the position. Additionally, reasonable accommodations may be available under USERRA for individuals whose service-connected disabilities may not necessarily meet the ADA’s definition of “disability.” USERRA also applies to all employers, regardless of size. Information on the reemployment rights of uniformed service personnel can be found on DOL’s website at www.dol.gov/vets.

If you are a disabled veteran, or have a physical or mental handicap you may volunteer this information which will be treated as confidential. Additionally, not providing this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please check the appropriate box(es) and sign below. Submission is voluntary

☐ Disabled Veterans ☐ Other Protected Veterans ☐ Armed Forces Special Medal Veterans ☐ Recently Separated Veterans

THE AMERICANS WITH DISABILITIES ACT (ADA) AMENDMENTS ACT OF 2008

Title I of the **Americans with Disabilities Act (ADA)** prohibits private and state and local government employers with 15 or more employees from discriminating against individuals on the basis of disability. Title I of the ADA also generally requires covered employers to make reasonable accommodations – changes in the workplace or in the way things are usually done that provide individuals with disabilities equal employment opportunities. The ADA makes it unlawful to discriminate in employment against a qualified individual with a disability, therefore, providing this information will not jeopardize or adversely affect your consideration for employment. Additionally, not providing this information will not jeopardize or adversely affect your consideration for employment. If you wish to be identified as an individual with a disability, please check: ☐ **Yes, I am an individual with a disability.**

Signature

Date of Signature (Month, Day & Year)

