

EVANSVILLE MARINE SERVICE, INC.

OWENSBORO OFFICE

P.O. Box 33, Owensboro, KY 42302
 Bus: (270) 264-1316 - Fax: (270) 264-1457

EVANSVILLE OFFICE

P. O. Box 6048, Evansville, IN 47719
 Bus: (812) 424-9278 - Fax: (812) 424-9279

EMPLOYMENT APPLICATION

First Name	M. I.	Last Name
Address		City State Zip
Home Phone With Area Code		Alternate Phone with Area Code
Position Applied For		Social Security Number
Date of Birth	Name and Phone Number of Emergency Contact:	

EDUCATION

Name and address of High School	Course of study	Circle year completed 1 2 3 4
Name and address of College	Course of study	Circle year completed 1 2 3 4
Other Training or Schools	Course of study	Circle year completed 1 2 3 4

EMPLOYMENT HISTORY

LIST ALL EMPLOYERS

START WITH PRESENT AND WORK BACK FULLY EXPLAIN ALL DUTIES
 Use additional pages if necessary

Company Name _____	From _____	To _____	
Address _____	\$ _____	per _____	
Job Title and Duties _____	Reason For Leaving _____		
Company Name _____	From _____	To _____	
Address _____	\$ _____	per _____	
Job Title and Duties _____	Reason For Leaving _____		
Company Name _____	From _____	To _____	
Address _____	\$ _____	per _____	
Job Title and Duties _____	Reason For Leaving _____		

Evansville Marine Service, Inc. EMPLOYMENT APPLICATION, page two

LIST ANY DEPARTMENT OF TRANSPORTATION REGULATED EMPLOYERS YOU HAVE MADE EMPLOYMENT APPLICATION TO IN THE LAST TWO YEARS

Use additional pages if necessary

Company Name _____	Date Application Was Submitted _____
Address _____	Phone Number _____

HAVE YOU VIOLATED ANY OF THE DOT DRUG/ALCOHOL VIOLATIONS LISTED BELOW WITH ANY DOT REGULATED EMPLOYER THAT YOU HAVE APPLIED TO OR BEEN EMPLOYED BY IN THE LAST TWO YEARS?

- (1) Alcohol test with a result of .04 or higher concentrations;
- (2) Verified positive drug test;
- (3) Refusals to be tested or verified adulterated or substituted drug results;
- (4) Any other violation;

NO YES → please complete the information below: (Use additional pages if necessary)

Company Name _____	<i>Date and Type of Violation</i>
Address _____	Phone Number _____

If you have violated any of the above DOT drug and alcohol regulations, can you provide documentation of the successful completion of DOT return to duty requirements? _____

LIST THREE PERSONS TO WHOM YOU ARE NOT RELATED WHO ARE QUALIFIED TO JUDGE YOUR WORK PERFORMANCE

Name _____	Phone _____
Company _____	Title _____

Name _____	Phone _____
Company _____	Title _____

Name _____	Phone _____
Company _____	Title _____

Do you hold a Marine License?	Circle One YES NO	If Yes, Issue #	Issue date
License Type			Expiration date
Do you have a valid Drivers License?	Circle One YES NO	State of Issue & Number:	

READ CAREFULLY BEFORE SIGNING

I have answered the above questions, considered my answers, and certify that the information given by me is true and complete to the best of my knowledge. I do hereby authorize investigation of all of the above statements. I understand that if employed, false statements on the application will be sufficient cause for dismissal without regard to the length of my employment.

I understand and agree that if hired, my employment with Evansville Marine Service, Inc. is for no definite period of time and may regardless of the date of payment of wages and benefits be terminated at any time without prior notice. I understand employment with the company is "AT WILL" and nothing herein shall be construed as creating any contract of employment between the employer and the employee. I understand that a police investigation for criminal violations may be performed prior to my employment. I understand and agree that I will be given a comprehensive physical examination, which includes a drug and alcohol screening (blood and urine) administered by a company physician prior to my employment.

Date _____ Applicants Signature _____

CONSENT TO OBTAINING CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

I have read the attached "Notice To Applicants/Employees Regarding Consumer Reports" and hereby authorize the company to obtain consumer reports and/or investigative consumer reports as described.

Date _____ Applicants Signature _____

CONSENT TO RELEASE DRUG AND ALCOHOL TESTING INFORMATION

READ CAREFULLY BEFORE SIGNING

I hereby authorize Evansville Marine Service, Inc. to collect any and all information regarding U.S. Department of Transportation drug and alcohol testing or rehabilitation from previous or prospective employers, substance abuse professionals, rehabilitation facilities, and medical review officers, as applicable. I further authorize such previous or prospective employers, substance abuse professionals, rehabilitation facilities and medical review officers to have oral communications with Evansville Marine Service, Inc. regarding such information.

I understand that under federal Regulations, 49 CFR 40.25, Evansville Marine Service, Inc. is required to inquire with my previous or prospective employers regarding drug and alcohol testing which I have participated in the last 2 years.

SS Number _____ - _____ - _____ Applicants Printed Name _____

Date _____ Applicants Signature _____

**NOTICE TO APPLICANTS/EMPLOYEES REGARDING
CONSUMER REPORTS**

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and continued employment with Evansville Marine Service Inc. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the Personnel Department of Evansville Marine Service Inc., and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.