

EVANSVILLE MARINE SERVICE, INC.

EVANSVILLE OFFICE

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

GREEN RIVER OFFICE

Henderson, KY
Bus:(270) 827-1091
Fax: (270) 827-9571

OWENSBORO OFFICE

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

EMPLOYMENT APPLICATION

EMS is an equal opportunity employer that considers applicants without regard to race, ethnicity, religion, age, gender, disability, veteran/ disabled veteran status, or any other protected status.

The completion of this employment application does not automatically result in either an employment interview or a job offer. Your employment application is kept in active status for six months during which the Company may decide if it wants to consider you for employment. After this six month period, your employment application will move to inactive status. You will then have to complete a new application to be considered for employment.

Personal Data

Please write or print legibly and **complete application in full**. If you fail to complete the entire application, you will not be considered for employment. Do not write "refer to resume".

Date of Application: _____	Position Applying for: _____		
Name: Last _____	First _____	Middle _____	
Home Address: _____	City _____	State _____	Zip _____
P.O. Box _____	(if applicable)	Social Security Number _____	
Home Phone with area code: _____	Cell Phone with area code: _____		
Best time to call: _____			
Name & Phone Number of Emergency Contact: _____			

List any relatives currently employed by the Company. _____

Have you ever been convicted of a crime? Yes No If Yes, list convictions that are of public record (arrests are not convictions).

A conviction will not necessarily disqualify you from employment.

Are you lawfully able to work in this country? Yes No
(Proof of eligibility is required upon employment.)

Do you have Reasonable Accommodations to get to Work? Yes No

Are you 18 years of age or older? Yes No (EMS is required to comply with child labor laws.)

Employment Information

Shift Desired: Full Time Part Time Other: _____

Identify days and hours you are not available or prefer not to work: _____

Are you available on: Weekends Yes No Holidays Yes No

Transportation Worker Identification Card: Some positions at EMS require an applicant to either have or be able to obtain a (TWIC) Transportation Workers Identification Card. To obtain a TWIC, an individual must provide biographic and biometric information such as fingerprints, sit for a digital photograph and successfully pass a security threat assessment conducted by TSA. Pre-enrollment is recommended as it is designed to save the applicant time by enabling them to provide their biographical information and make an appointment for in-person enrollment. Note: It is your responsibility to obtain the TWIC.

Employment History

Please begin with your current employer and follow with former places of employment including temporary, and all other employment. Complete all information.

1. Employer:	Dates Employed From: _____ To: _____	Salary Starting: _____ Ending: _____
Address: _____		City: _____ State: _____ Zip: _____
Job Title: _____	Phone #: () _____	Summary of Job: _____ _____ _____
Name and Title of Supervisor: _____		
Reason for Leaving: _____		
2. Employer:	Dates Employed From: _____ To: _____	Salary Starting: _____ Ending: _____
Address: _____		City: _____ State: _____ Zip: _____
Job Title: _____	Phone #: () _____	Summary of Job: _____ _____ _____
Name and Title of Supervisor: _____		
Reason for Leaving _____		

3. Employer:	Dates Employed From: _____ To: _____	Salary Starting: _____ Ending: _____
Address: _____		City: _____ State: _____ Zip: _____
Job Title: _____	Phone #: () _____	Summary of Job: _____ _____ _____
Name and Title of Supervisor: _____		
Reason for Leaving: _____		
4. Employer:	Dates Employed From: _____ To: _____	Salary Starting: _____ Ending: _____
Address: _____		City: _____ State: _____ Zip: _____
Job Title: _____	Phone #: () _____	Summary of Job: _____ _____ _____
Name and Title of Supervisor: _____		
Reason for Leaving: _____		

Account for any time gaps in your work history: _____

Have you ever been terminated involuntarily from a job? Yes No If yes, explain: _____

If yes, identify name and company: _____

Have you served in the U.S. Military Service? Yes No If yes, Branch: _____

Date _____ to _____ Were you honorably discharged Yes No If not, explain: _____

Education Background

School	Name-Address-City-State	Circle Last Year Completed	Degree	Major or Course of Study
High School		9 10 11 12 GED		
Tech/Voc or College		1 2 3 4		

SKILLS: Please list technical, clerical and trade skills ie: Deckhand, Welder, Equipment Operator, USCG Western Rivers Pilots license, Tankerman PIC, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert).

References

Name/Occupation	Address/City-State-Zip	Phone Number(s)
1.		Home: ()
		Business: ()
2.		Home: ()
		Business: ()

During the past two (2) years, have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to whom you applied for, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules: Yes No

If marking **Yes** please complete the information below:

Company Name _____ Address _____ Phone Number _____	<i>Date and Type of Violation</i>
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? _____ (Use additional pages if necessary)	

Applicant's Statement and Release: (Please read carefully and sign below)

1.

I promise that the information provided in this application is true and complete. I agree that the Company may make an investigation of all statements contained in this application for employment and I understand that any false or misleading statements or omissions that I make, whether intentional or unintentional, are cause for refusal to hire or termination from employment with the Company, if I am already employed, regardless of when the false or misleading statements or omissions are discovered.

2.

I authorize former and present employers, except as I have otherwise indicated in writing to the Company's Human Resources Manager, to provide or verify any information they have regarding me or my employment with them to a representative of the Company, and I release from any and all liability all of the above people and organizations who furnish information to the Company about my employment history.

I authorize the Company to make an investigation about my educational background and also to run a criminal background investigation about me.

3.

I agree and understand that if I am hired, my employment is for no definite period of time, that I have no employment contract either written or verbal and I will be employed at will.

4.

I understand that if employed my work schedule and assigned hours may change due to the Company's needs and agree to accept such changes as a condition of employment.

5.

I agree that if hired, I will learn about the Company's policies and I understand that these policies may be established and changed. I agree to protect the confidence and privacy or any and all information which pertains to the conduct of the Company's business.

6.

I promise that if I believe I am being sexually harassed or discriminated against or if I seen another worker being sexually harassed or discriminated against while working for the Company, regardless of the location, I will immediately tell Bob Aldrich, the Company's president, about this violation of Company policy. I understand to make this report I may call Mr. Aldrich at (812) 424-9278.

7.

I understand the Company is a drug free workplace and I agree to take a pre-employment drug test as a condition of being hired, if I receive a job offer. I understand that, should I refuse to submit to a drug test, any conditional offer of employment made to me will be revoked. **I also understand** that if I am hired, I am required to abide by all of the Company's rules, regulations and personnel policies.

8.

If I am applying for a job to perform "safety sensitive duties" [like but not limited to Wheelman, Tankerman and Deckhand], I understand that under federal regulation, 49 CFR 40.25, Evansville Marine Service, Inc. is required to ask my previous DOT regulated employers, whom I have worked for during the two (2) year period before the date I complete this application, if I have violated any of the DOT's drug and alcohol standards described below:

- (1) Alcohol tests with a result of 0.04 or higher alcohol concentration;
- (2) Verified positive drug tests;
- (3) Refusals to be tested (including verified adulterated or substituted drug test results);
- (4) Other violations of DOT agency drug and alcohol testing regulations; and
- (5) With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). If the previous employer does not have information about the return-to-duty process (e.g., an employer who did not hire an employee who tested positive on a pre-employment test), you must seek to obtain this information from the employee. If you have successfully completed DOT return-to-duty requirements (including follow-up tests) and your previous employer does not have information about the return-to-duty process we will ask you to tell us about your successful completion.

I hereby authorize Evansville Marine Service, Inc. to obtain this information from previous employers and their substance abuse professionals, rehabilitation facilities, and medical review officers and I release from any and all liability all of the above people and organizations. I also authorize these previous employers and their substance abuse professionals, rehabilitation facilities and medical review officers to have oral communications with Evansville Marine Service, Inc. regarding this information.

Applicant Signature: _____

Date: _____

Printed Name: _____