

2017 Supplemental Application for Employment **Date:** _____

This supplemental information is required from applicants for Guide, Driver, Captain or Maintenance Positions.

Applicant Information

Name: _____
Last
First
M.I.

List your physical addresses for the past 3 years:

Address _____ City _____ State _____ Zip _____
 Address _____ City _____ State _____ Zip _____
 Address _____ City _____ State _____ Zip _____
 Address _____ City _____ State _____ Zip _____

Certifications and Licenses

ALL GUIDES, DRIVERS, CAPTAINS OR MAINTENANCE POSITION APPLICANTS MUST REQUEST AN "OFFICIAL" (OR "CERTIFIED") 5 YEAR DRIVING RECORD FROM THE DMV OF ALL THE STATES YOU ARE OR HAVE BEEN LICENSED IN WITHIN THE LAST FIVE YEARS, TO BE DELIVERED OR EMAILED TO GGC.

Please note that the interview and hiring process cannot continue until your driving record(s) have been received

States Licensed In (Within 5-Year Period): _____ **Date(s) requested:** _____

Do you have a Commercial Driver's License or have held one in the past? YES* NO *Yes: See Part A, below

Do you have a current Captain's License? YES* NO *Yes: See Part B, below

If you are NOT currently a licensed Commercial Driver, is there anything that would prevent you from obtaining a CDL if otherwise eligible? YES NO

If so, please explain: _____

A) Applicants with a Commercial Driver's License: State: _____ How many years: _____

License#: _____ Class of CDL : _____ Expiration Date: _____

Endorsements/Restrictions (passenger, airbrakes, etc.): _____

Current CDL Medical Certificate: YES NO Expiration Date: _____

Note that your CDL medical certificate must be maintained on file with the DMV.

Additional Notes: _____

B) Applicants with a Captain's License: How many years: _____

License#: _____ What tonnage: _____ Expiration Date: _____

Current TWIC Card (Transportation Worker Identification Credential): YES NO Expiration Date: _____

Current FCC Marine Radio Operator Permit: YES NO Expiration Date: _____

Other relevant Certification or License: _____ Expiration Date: _____

Local marine operation experience: YES NO How many years: _____

Whale-watching/Charter boat operation experience: YES NO How many years: _____

Any accidents, incidents or citations from the U.S. Coast Guard or other Marine Authority: *YES NO

*If yes please provide details of the facts & circumstances: _____
 (Attach pages as necessary.) _____



Employment History

IF YOU ANSWERED YES TO QUESTIONS A OR B ON THE PREVIOUS PAGE, PLEASE PROVIDE COMPLETE INFORMATION ON ALL EMPLOYERS DURING THE PAST 10 YEARS (ATTACH PAGES AS NECESSARY).

OR

Please use this section if you needed more space to provide 3 years of employment history requested on the standard application

*Note: You must sign a Release of Information Request Form for **each** safety-sensitive position indicated.
(Release of Information Request Forms for CDL Employer & Marine Employer available on GGC Website Employment page)*

Company: _____
 Address: _____ City/State: _____ Zip: _____ Fax #: () -
 Job Title: _____ Contact Person: _____ Phone: () -
 From: _____ To: _____ Reason for Leaving: _____
 Responsibilities: _____
 Was your job designated as a safety-sensitive function subject to drug and/or alcohol testing? *YES NO
 *What Administrative Authority were you subject to drug and/or alcohol testing for? FMCSR USCG Non DOT

Company: _____
 Address: _____ City/State: _____ Zip: _____ Fax #: () -
 Job Title: _____ Contact Person: _____ Phone: () -
 From: _____ To: _____ Reason for Leaving: _____
 Responsibilities: _____
 Was your job designated as a safety-sensitive function subject to drug and/or alcohol testing? *YES NO
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**** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 26,000 pounds or more, (2) is designed or used to transport more than 16 passengers (including driver), or (3) is of any size and is used to transport hazardous materials in the quantity requiring placarding.**

Driving Accidents and Violations Record

Any <u>driving violations or accidents</u> in the past 3 years or <u>DUIs</u> in the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes to any <u>driving violations or accidents</u> provide complete information for the following:
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Accident Record for past 3 years or more (Attach another sheet as necessary.) If none, write *none*.

Date: _____ Nature of the Accident: _____
 Additional notes: _____

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Date: _____ Nature of the Accident: _____
 Additional notes: _____

Traffic Violations of which applicant was convicted or forfeited bond or collateral during the past 3 years (excluding parking violations) OR received a **DUI** (Driving Under the Influence) in the last 5 years. If none, write *none*.

Date: _____ Location: _____ Charge: _____ Penalty: _____
 Date: _____ Location: _____ Charge: _____ Penalty: _____
 Date: _____ Location: _____ Charge: _____ Penalty: _____
 Additional notes: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? *YES NO
 Has any license, permit, or privilege ever been suspended or revoked? *YES NO
**If the answer is yes to either question, please provide details regarding the facts and circumstances:*

Disclaimer and Signature

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

Please send completed applications by mail, fax or e-mail attachment.