## 2024 Supplemental Application for Employment Date: \_\_\_\_\_\_\_\_\_\_\_

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

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| Applicant Information |
| Name: |       |       |       |
|  Last | First | M.I. |
| List your physical addresses for the past 3 years (required pursuant to FMCSA 391.21(b)(3): |
| Address |       | City |       | State |       | Zip |       |
| Address |       | City |       | State |       | Zip |       |
| Address |       | City |       | State |       | Zip |       |
| Address |       | City |       | State |       | Zip |       |
| Driving Record Request |
| All guide, driver, captain 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 an applicant cannot be hired until your driving record(s) have been received*States Licensed In Last 5 Years: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) requested:     \_\_\_\_\_\_ |
| Certifications and Licenses – For All Applicants |
| Do you have a Commercial Driver’s License or have held one in the past? YES\* [ ]  NO [ ]  *\*Yes: See Part A, 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: |       |
|  Additional Notes: |       |
| Certifications and Licenses – For Captain Applicants |
| Do you have a Captain’s License or have held one in the past? YES\* [ ]  NO [ ]  *\*Yes: See Part B, below* |
| 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:  |       |
| Any Juneau-area marine 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: A full 10 Year work history is legally required for those individuals holding a CDL or Captain’s License (as they are “safety sensitive” positions).* |
| 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 [ ]  |
| \*\*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 [ ]  |
| \*\*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 [ ]  |
| \*\*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 [ ]  |
| \*\*What Administrative Authority were you subject to drug and/or alcohol testing for? | FMCSR[ ]  | USCG [ ]  | Non DOT [ ]  |
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| Driving Accidents and Violations Record |
| **Any driving violations or accidents in the past 3 years or DUIs in the last 5 years?** | **\*YES**[ ]  | NO[ ]  | If yes, please provide complete information for the following: |
|  |
| Accident Record for past 3 years or more (Attach another sheet as necessary.) If none, write *none*.  |
|  |
| Date:  |       | Nature of the Accident:  |       |
| Additional notes: |       |
|  |
| Date:  |       | Nature of the Accident:  |       |
| Additional notes: |       |
|  |
| 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 10 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.**