## 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 | | | | |
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| 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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| 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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| Company: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | City/State: | | | | | | |  | | | | | | | | | | Zip: | | | | |  | | | | | | | | | Fax #: | | | (   )     - | | | | | | |
| Job Title: | |  | | | | | | | | | | Contact Person: | | | | | | | | | |  | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | (   )     - | | | | | | |
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| 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:* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
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| 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.**