

2024 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 (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 <input type="checkbox"/> NO <input type="checkbox"/> **What Administrative Authority were you subject to drug and/or alcohol testing for? FMCSR <input type="checkbox"/> USCG <input type="checkbox"/> Non DOT <input type="checkbox"/>
Company: _____ Address: _____ City/State: _____ Zip: _____ Fax #: () - _____ Job Title: _____ Contact Person: _____ Phone: () - _____ From: _____ To: _____ Reason for Leaving: _____ Responsibilities: _____
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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 driving violations or accidents in the past 3 years or <u>DUIs</u> in the last 5 years?	*YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes , please 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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 Additional notes: _____

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 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.