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|---|---|--|---|--|
| Present or Last Employer:<br>_____<br>_____<br>Address<br>_____<br>City, State, Zip Code<br>_____<br>Telephone<br>_____ | Employed:<br>_____<br>From (mo/yr)<br>_____<br>To (mo/yr) | Pay:<br>_____<br>Start \$<br>_____<br>Final \$ | Your Title or Position:<br>_____<br>_____<br>Name and Title of Last Supervisor<br>_____ | Reason for Leaving:<br>_____<br>_____<br>_____ |
| Present or Last Employer:<br>_____<br>_____<br>Address<br>_____<br>City, State, Zip Code<br>_____<br>Telephone<br>_____ | Employed:<br>_____<br>From (mo/yr)<br>_____<br>To (mo/yr) | Pay:<br>_____<br>Start \$<br>_____<br>Final \$ | Your Title or Position:<br>_____<br>_____<br>Name and Title of Last Supervisor<br>_____ | Reason for Leaving:<br>_____<br>_____<br>_____ |
| Present or Last Employer:<br>_____<br>_____<br>Address<br>_____<br>City, State, Zip Code<br>_____<br>Telephone<br>_____ | Employed:<br>_____<br>From (mo/yr)<br>_____<br>To (mo/yr) | Pay:<br>_____<br>Start \$<br>_____<br>Final \$ | Your Title or Position:<br>_____<br>_____<br>Name and Title of Last Supervisor<br>_____ | Reason for Leaving:<br>_____<br>_____<br>_____ |

Have you ever been terminated or asked to resign from any job?  Yes  No If Yes please explain circumstances:

\_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_

\_\_\_\_\_

May we contact your current employer?  Yes  No If No, please explain: \_\_\_\_\_

Please indicate any actual experience, special training and qualifications you have that you feel are relevant to the position for which you are applying. \_\_\_\_\_

Have you ever used another name?  Yes  No

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain: \_\_\_\_\_

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying with or without reasonable accommodations?  Yes  No

If hired, can you furnish proof of your right to work in the United States?  Yes  No

**EDUCATION**

| School Name              | Years Completed (Circle) | Diploma/ Degree | Describe Course of Study or Major | Describe Specialized Training, Experience, Skills and Extra-Curricular Activities |
|--------------------------|--------------------------|-----------------|-----------------------------------|---|
| Elementary:              | 4 5 6 7 8                |                 |                                   |   |
| High School:             | 9 10 11 12               |                 |                                   |   |
| College/University:      | 1 2 3 4                  |                 |                                   |   |
| Graduate/Professional:   | 1 2 3 4                  |                 |                                   |   |
| Trade or Correspondence: |                          |                 |                                   |   |
| Other:                   |                          |                 |                                   |   |

Do you have a valid motor vehicle operator's license? Yes \_\_\_ No \_\_\_\_ . State \_\_\_\_\_ D.L.# \_\_\_\_\_  
 Any restrictions? \_\_\_\_\_ if so, explain \_\_\_\_\_

**PERSONAL REFERENCES**

| Name | Occupation | Address (Street, City and State) | Telephone Number | Number of Years Known |
|------|------------|----------------------------------|------------------|-----------------------|
|      |            |                                  |                  |                       |
|      |            |                                  |                  |                       |
|      |            |                                  |                  |                       |

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I certify that all of the information that I have provided on this application is true and accurate.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**APPLICANT'S STATEMENT & AGREEMENT**

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the satisfactory completion of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I hereby authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding me.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

**If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company. No supervisor or representative of the Company, other than the President of the Company has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.**

*If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.*

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

***Equal Employment Opportunity Policy:*** We are committed to providing equal employment opportunities to all employees and applicants without regard to race, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other protected status in accordance with all applicable federal, state, and local laws.

**AGREEMENT-READ THIS CAREFULLY**

I certify that the information supplied on this application is correct, and I agree that any misstatement or fact or omission shall be cause for rejection or termination of my employment. I authorize Waxler Transportation Company to contact any of my previous employers, as well as any other reference source, in order to verify the facts and information I have furnished regarding my qualifications. I hereby authorize any person(s) having knowledge thereof to provide such information to Waxler Transportation Company and I hereby release from liability and agree to hold harmless any person(s) who furnishes such information. By accepting employment, I agree to submit to such tests as required by the Company. I understand that I may be subject to random testing throughout the calendar year.

I understand that, if employed, my employment is for no fixed time, and may be discontinued, with or without cause or notice, by myself or Waxler Transportation Company at anytime. I understand that no employee, office, or agent of the Company may bind it to anything contrary to the above by oral or printed statements, including handbooks, benefit booklets, etc.

By signing this application and agreement, I certify that I have read, and do understand, and agree to the above.

\_\_\_\_\_, 20\_\_\_\_\_  
**Date** **Signature of Applicant**

**COMPLETE THIS SECTION ONLY IF  
APPLYING FOR WHEELHOUSE POSTIONS**

Name: \_\_\_\_\_

(last) (first) (middle)

1. LICENSE HELD: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

\_\_\_\_\_  
DATE ISSUED: \_\_\_\_\_

\_\_\_\_\_  
DATE ISSUED: \_\_\_\_\_

2. HAVE THERE EVER BEEN ANY U.S. COAST GUARD REVOCATION OR  
SUSPENSION ACTIONS AGAINST YOUR LICENSES? \_\_\_\_\_

IF SO, GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

3. HAVE YOU EVER RECEIVED WARNINGS OR LETTERS OF REPRIMAND FROM  
THE U.S. COAST GUARD OR ANY OTHER AUTHORITY? \_\_\_\_\_

IF SO, GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

4. HAVE YOU EVER BEEN INVOLVED IN COLLISIONS, FOUNDERINGS, SINKINGS,  
GROUNDINGS OR ANY OTHER INCIDENTS IN WHICH PROPERTY DAMAGE OR  
PERSONAL INJURY OCCURRED? \_\_\_\_\_

IF SO, GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

5. DESCRIBE IN DETAIL YOUR PRIOR EMPLOYMENT IN A LICENSED CAPACITY,  
INCLUDING COMPANY WORKED FOR, SIZE AND HORSEPOWER OF VESSELS  
OPERATED, USUAL SIZE OF TOW HANDLED AND WATERWAYS TRAVELED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL:**

Are there physical conditions which affect your ability to perform job related functions?

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Are you a competent swimmer? \_\_\_\_\_

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**MILITARY SERVICE:**

**Branch** \_\_\_\_\_ **Date of Entry** \_\_\_\_\_ **Date of Discharge** \_\_\_\_\_ **Rank of Discharge** \_\_\_\_\_

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Describe your duties: \_\_\_\_\_

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Are you a member of Reserve \_\_\_\_\_ National Guard \_\_\_\_\_

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**ENGINEER ONLY:**

Do you have a Engineer License? \_\_\_\_\_

What Engines are you familiar with \_\_\_\_\_

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**TANKERMAN ONLY:** \_\_\_\_\_ **TANKERMAN LICENSE?** \_\_\_\_\_

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Expiration Date: \_\_\_\_\_

What types of Cargo handled? \_\_\_\_\_

In case of Emergency notify: \_\_\_\_\_ **Relation** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

# Confidential Drug and Alcohol Testing Information Consent Form

As required by Department of Transportation Regulation 49 CFR 40.25 (a), I hereby authorize the release of the following information with regard to my chemical testing records to Waxler Transportation Company.

- Any Alcohol test with a result of 0.04 or higher alcohol concentration
- Any verified positive drug tests
- Any refusal to be tested (including verified adulterated or substituted drug test result)
- Any other violations of DOT agency drug and alcohol testing regulations
- Any documentation of completion of DOT return-to-duty requirements including follow up tests.

I understand that this consent applies only to transportation employers by whom I was employed in a safety sensitive position during the previous two years from the date of this form.

I also understand that I am under no obligation to sign this form and that my failure to consent to this records check will mean that Waxler Transportation cannot complete my application for employment.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Date \_\_\_\_\_

# Drug / Alcohol Testing Results Disclosure

As required by Department of Transportation Regulations (49 CFR Part 40)

For the last two (2) years list all transportation related employers that you have worked for, or applied to, for a job in a safety sensitive position. This includes employers you may have applied to but were not processed because you refused to take the required drug test.

Company name \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Company name \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Company name \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Company name \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Company name \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Company name \_\_\_\_\_  
Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

At any of these companies were you required to take a pre-employment drug test that you failed? YES \_\_\_\_\_ NO \_\_\_\_\_

Did you refuse to take a pre-employment drug test at any of these companies?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Did you have a positive result on a drug/alcohol test, pre-employment, random, or "for cause" at any of these companies? YES \_\_\_\_\_ NO \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_