

Application Instructions

Please complete the entire application. A resume may be submitted with your application. However, a resume may not be substituted for any of the information requested. All of the information on the application should be completed. If you need additional space to list job experience, please request a Supplemental Sheet from the dispatcher. Your application must include the following information or it will not be considered:

- Social Security Number
- Telephone Number where you can be contacted
- Indication of whether you are 18 yr. or older
- Indication of any trade school you have attended
- Employment history for the last 7 years, including
 - >Company Name
 - >Company Phone Number
 - >Employment Dates (including month and year of hire and release)
 - >Job Title
 - >Duties
 - >Reason for Leaving
 - >SalaryThe employment history should show ALL work experience, including experience while self employed. Applications with employment histories which cannot be verified will not be processed.
- Answers to questions regarding felony and misdemeanor convictions
- Signature and date.
- The Notice to Applicants must also be signed and dated before your application will be considered.

Your Qualifications will be reviewed for the positions which you have identified and will be based on the information on the application.

If you are applying for positions requiring licensure or certification, you will be asked to provide a copy.

APPLICATION PROCESS:

The Employment staff reviews your application for the minimum and preferred qualifications. The applications of those best qualified will be forwarded to the hiring department.

Driver's License and Criminal Background checks will be performed.

Personal references and previous employers will be contacted to verify information submitted.

A representative of the hiring department will contact you if you are selected for an interview.

Hiring decisions are made at the department level.

COPIES REQUIRED WITH APPLICATION:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Z. CARD | <input type="checkbox"/> DRIVER'S LISCENSE |
| <input type="checkbox"/> U.S.C.G LIC. | <input type="checkbox"/> SOCIAL SECURITY CARD |

NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and continued employment with the company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made and during your employment with the company. Upon timely written request of the Personnel Department of the Company, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

CONSENT TO OBTAINING CONSUMER REPORTS
READ CAREFULLY BEFORE SIGNING

1. I HAVE READ THE ATTACHED “NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS” AND HEREBY AUTHORIZE THE COMPANY TO OBTAIN CONSUMER REPORTS AND/OR INVESTIGATIVE CONSUMER REPORTS AS DESCRIBED.
2. I UNDERSTAND THAT I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE AMOUNT OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF ANY INVESTIGATIVE REPORT OR OTHER CONSUMER REPORTS THAT ARE MADE, INCLUDING THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE CONSUMER REPORTING AGENCY.
3. I HEREBY AUTHORIZE ANY PRESENT OR FORMER EMPLOYERS, CONSUMER REPORTING AGENCIES, EDUCATIONAL INSTITUTIONS, CRIMINAL JUSTICE AGENCIES, DEPARTMENTS OF MOTOR VEHICLES, PUBLIC AGENCY, FINANCIAL INSTITUTIONS, OR ANY OTHER PERSON OR AGENCY HAVING KNOWLEDGE OF ME TO SUBMIT INFORMATION OR OPINIONS ABOUT MYSELF, INCLUDING DATA RECEIVED FROM OTHER SOURCES, IN ORDER THAT MY EMPLOYMENT QUALIFICATIONS MAY BE EVALUATED. I HOLD SAID PERSONS AND/OR ORGANIZATIONS BLAMELESS AND WITHOUT LIABILITY FOR STATEMENTS OR OPINIONS MADE REGARDING MY CHARACTER, EXPERIENCE OR QUALIFICATIONS.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE AND HEREBY AUTHORIZE THE PROCUREMENT OF THE ABOVE-REFERENCED REPORTS.

PRINT YOUR NAME

SIGNATURE

DATE

DRUG & ALCOHOL TEST RESULTS, TREATMENT RECORDS AND REFUSAL TO TEST HISTORY

DOT SAFETY SENSITIVE APPLICANT/CANDIDATE CONSENT

Applicant Name Social Security #
(last) (first) (MI)

Address: Phone Number
Street City State Zip Area Code

APPLICANT: List previous **DOT employers** for the last two (2) years with the most recent first. Complete address and phone **are required**. Print Legibly Please.

Previous Employer: Dates To
(Legal Business Name) mo./dd./yr.

Employer's Address Phone Number

Previous Employer Dates To
(Legal Business Name) mo./dd./yr.

Employer's Address Phone Number

Previous Employer Dates To
(Legal Business Name) mo./dd./yr.

Employer's Address Phone Number

Previous Employer Dates To
(Legal Business Name) mo./dd./yr.

Employer's Address Phone Number

Previous Employer Dates To
(Legal Business Name) mo./dd./yr.

Employer's Address Phone Number

I, (print name) _____ authorize my above listed previous employers to disclose to Ryan Marine Services, Inc. the results of any drug test, evidential breath or saliva alcohol test, refusals to test including verified adulteration or substitutions, and treatment records (to determine compliance with 49 CFR Part 40.25) performed upon myself within the last two (2) years as required under Federal Requirement 49 CFR Part 40.25. I further agree to hold harmless any previous employers as listed in addition to the foregoing prospective employer, it's Directors, employees, agents or volunteers for any damages, loss of employment, or any negative outcome that may result from such disclosure. This consent is subject to revocation at any time. However, such revocation does not apply to disclosures made prior to notice. I understand I have the right to inspect and copy any written information disclosed.

Signature of Applicant:

Dated this day of ,

**DRUG & ALCOHOL TEST RESULTS, TREATMENT RECORDS
AND REFUSAL TO TEST HISTORY**

**RESPONSES TO QUESTIONS
REQUIRED BY 49 CFR PART 40.25**

APPLICANT: Please check yes or no on the side of this form in response to the following questions as required by 49 CFR Part 40.25. Have you in the last two years:

1. had any DOT required alcohol tests with a result of 0.04 or higher alcohol concentration? yes no
2. had any verified positive DOT required drug tests? yes no
3. refused to be tested (including having a verified adulterated or substituted sample)? yes no
4. had any other violation of DOT agency drug or alcohol testing regulations? yes no
5. if you violated a DOT drug and/or alcohol regulation did you successfully complete DOT return to duty requirements (including follow up tests)? yes no

Please answer the following questions as required by 49 CFR Part 40.25 by checking yes or no at the side of the question.

In the past two years:

Were there any situations in which you tested positive on a pre-employment test for a DOT employer that did not hire you? yes no

Where there any situations in which you refused to submit (including positives by adulteration or substitution) to a pre-employment test for a DOT employer that did not hire you? yes no

I certify that my responses to the above questions are true:

Applicant's Signature:

Date of signature