



PRE - EMPLOYMENT APPLICATION for

Grand River Navigation Company, Inc.

1026 Hannah Ave STE D

Traverse City, MI 49686

Phone: 231-642-4622 Fax: 231-922-1147

The Grand River Navigation Company is an Equal Opportunity Employer and will consider all applications for all positions equally regardless of race, sex, age, color, religion, national origin, or any disabilities as provided in the Americans with Disability Act.

1. NAME (last first middle initial) 2. Today's Date

3. ADDRESS (street address) APT#

4. CITY 5. STATE 6. ZIP CODE

7. Email Address

8. HOME PHONE () CELL PHONE ()

10. ARE YOU 18 YEARS OF AGE OR OLDER? () YES () NO

11. DRIVER'S LICENSE NUMBER STATE ISSUED PLACE OF BIRTH: CURRENTLY VALID () YES () NO Please attach a copy of your D/L to this application. CITY-- STATE

12. WHAT POSITION(S) ARE YOU APPLYING FOR?

13. DATE AVAILABLE TO START WORKING

14. ARE YOU AVAILABLE FOR TEMPORARY JOBS? () YES () NO

Note: No length of employment is guaranteed.

15. ARE YOU A CITIZEN OF THE UNITED STATES? () YES () NO

16. HAVE YOU APPLIED TO OUR COMPANY BEFORE? () YES () NO IF YES, WHEN?

17. HAVE YOU WORKED FOR OUR COMPANY BEFORE? () YES () NO IF YES, WHEN?

18. DO YOU HAVE ANY RELATIVES WORKING WITH OUR COMPANY NOW? () YES () NO

IF YES, WHO? RELATIONSHIP

EDUCATION

1. DID YOU COMPLETE HIGH SCHOOL? () YES () NO IF NO, HIGHEST GRADE COMPLETED

2. LIST ANY COLLEGES OR VOCATIONAL SCHOOLS YOU ATTENDED, AND CERTIFICATES, DIPLOMAS, DEGREE ANDOR SPECIAL SKILLS:

EMPLOYMENT HISTORY

List your previous employment starting with the most recent. If you need more space, use a separate sheet of paper and attach it to this application.

1. DATES EMPLOYED: FROM ___/___/___ TO ___/___/___ SALARY: START \$ _____ END \$ _____
NAME OF EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER (____) _____
POSITION HELD _____ REASON FOR LEAVING _____
DUTIES _____

2. DATES EMPLOYED: FROM ___/___/___ TO ___/___/___ SALARY: START \$ _____ END \$ _____
NAME OF EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER (____) _____
POSITION HELD _____ REASON FOR LEAVING _____
DUTIES _____

3. DATES EMPLOYED: FROM ___/___/___ TO ___/___/___ SALARY: START \$ _____ END \$ _____
NAME OF EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER (____) _____
POSITION HELD _____ REASON FOR LEAVING _____
DUTIES _____

4. DATES EMPLOYED: FROM ___/___/___ TO ___/___/___ SALARY: START \$ _____ END \$ _____
NAME OF EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE NUMBER (____) _____
POSITION HELD _____ REASON FOR LEAVING _____
DUTIES _____



U. S. MILITARY EXPERIENCE List all military service. Use a separate sheet of paper if necessary and attach it to this application. If you have military service, please attach a photocopy of your DD-214 to this application

HAVE YOU EVER SERVED IN THE U. S. MILITARY? () YES () NO

BRANCH OR SERVICE _____ DATES _____ FINAL PAY GRADE _____

RATE OR MOS _____ DUTIES _____

MARINE EXPERIENCE

1. HAVE YOU WORKED ON A SHIP BEFORE? () YES () NO IF YES, WHAT TYPE OF SHIP(S)?

2. WHAT JOBS DID YOU DO ON THE SHIP(S), CHECK ALL THAT APPLY.

___ CAPTAIN ___ 1ST MATE ___ 2ND MATE ___ 3RD MATE

___ AB BOSUN ___ AB WHEELSMAN ___ DECKHAND

___ CHIEF ENGINEER ___ 1ST ASST. ENGINEER ___ 2ND ASST. ENGINEER ___ 3RD ASST. ENGINEER

___ QMED ___ WIPER/GATEMAN ___ CONVEYORMAN ___ SPECIAL MAINTENANCE MAN

___ CHIEF COOK (STEWARD) ___ 2ND COOK ___ PORTER ___ OILER

___ OTHER - EXPLAIN _____

3. DO YOU HAVE A U. S. COAST GUARD MERCHANT MARINERS CERTIFICATE?

() YES () NO IF YES, TYPE OF DOCUMENT/RATING _____

EXPIRATION DATE: _____

4. DO YOU HAVE A U. S. COAST GUARD LICENSE? () YES () NO

IF YES, TYPE OF LICENSE _____ EXPIRATION DATE: _____

If you have a U. S. Coast Guard License, attach a photocopy to this application.

5. HOW MUCH SEA TIME DO YOU HAVE? _____ YEARS _____ MONTHS

Note: Please attach a photocopy of your U. S. Coast Guard Merchant Mariners Certificate (MMC) (all pages) to this application. We can proceed no further with your application until we receive this. You also must have had a drug test with the last 60 days & provide a copy. A USCG physical is also required with this application.



OTHER

1. HAVE YOU EVER BEEN CONVICTED FOR ANY CRIME (Except minor traffic violation) INCLUDING DWI/DUI () YES () NO Note: A conviction will not necessarily disqualify you from employment.

2. HAVE YOU EVER BEEN FIRED FROM A JOB FOR ANY REASON? () YES () NO

IF YES, EXPLAIN _____

AFFIDAVIT

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND CORRECT WITHOUT ANY OMISSIONS OF ANY KIND WHATSOEVER. I UNDERSTAND THAT ANY FALSE, MISLEADING, OR INCORRECT STATEMENTS MADE ON THIS APPLICATION OR DURING ANY INTERVIEWS MAY BE GROUNDS FOR REJECTION OF THE APPLICATIONS OR IMMEDIATE DISCHARGE IF EMPLOYED.

I AUTHORIZE GRAND RIVER NAVIGATION COMPANY TO CONTACT ANY COMPANY OR INDIVIDUAL NECESSARY TO RESEARCH MY EMPLOYMENT HISTORY, CHARACTER, AND QUALIFICATIONS. I GIVE FULL CONSENT TO ANY PERSON, COMPANY OR INCORPORATIONS TO RELEASE THE INFORMATION REQUESTED BY GRAND RIVER NAVIGATION COMPANY. I RELINQUISH MY RIGHTS TO BRING ANY CAUSE OR ACTION AGAINST THE PERSON(S) SUPPLYING THE INFORMATION FOR DEFAMATION, INVASION OR PRIVACY, OR ANY OTHER REASON BECAUSE OF THEIR STATEMENTS.

IF I AM EMPLOYED BY THE GRAND RIVER NAVIGATION COMPANY, OR AFFILIATED COMPANIES, I WILL ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY. I UNDERSTAND THAT THE TAKING OF A DRUG AND ALCOHOL TEST(S) IS A CONDITION OF CONTINUED EMPLOYMENT, AND REFUSAL TO SUBMIT TO TESTING WHEN REQUESTED IS GROUNDS FOR IMMEDIATE DISMISSAL. I UNDERSTAND THAT MY EMPLOYMENT WOULD BE "AT WILL" FOR THE FIRST ONE HUNDRED AND TWENTY (120) DAYS AND DURING THAT TIMEFRAME I CAN BE TERMINATED BY GRAND RIVER NAVIGATION FOR ANY REASON. AFTER THE ONE HUNDRED AND TWENTY DAYS I MAY BE TERMINATED FOR "**JUST CAUSE**".

SIGNATURE

DATE

CONFIDENTIAL DRUG & ALCOHOL INQUIRY

Grand River Navigation Co., Inc.

Name of Previous Employer _____ Contact Person _____

Full Address _____ Phone _____ Fax _____

Position(s) Held _____ Date of Employment From _____ To _____

Name of Previous Employer _____ Contact Person _____

Full Address _____ Phone _____ Fax _____

Position(s) Held _____ Date of Employment From _____ To _____

Name of Previous Employer _____ Contact Person _____

Full Address _____ Phone _____ Fax _____

Position(s) Held _____ Date of Employment From _____ To _____

Applicant Name (Print) _____ Date _____ SSN _____

APPLICANT CONSENT RELEASE: I do hereby authorize my former DOT regulated employers named above to release and forward to My prospective employer, Grand River Navigation Company Inc., the alcohol and controlled substance testing information requested below.

Applicant/ Employee Signature and Date

Witness Signature and Date

OFFICE USE ONLY

The person named above has applied to this company for employment. Your company is listed by the applicant as a past employer. If you are a DOT regulated employer under 49 CFR 40.25(b), please complete the items listed below after reviewing the applicant's/employee's written consent above. Federal law requires your company to immediately release the requested information to the employer making the inquiry. If the above applicant was employed in a DOT covered safety sensitive position, DOT regulation under 49 CFR Part 40.25 requires that you provide the following information:

In the past two years, has the above named applicant ever:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Had an alcohol test result with an alcohol concentration of 0.04 or greater? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Tested (verified) positive for controlled substance test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Refused to submit for an alcohol or controlled substance (including verified adulterated or substituted drug test result) test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Violated other DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Successfully completed DOT return-to-duty requirements (including follow-up tests) if any of the above questions are answered "Yes"? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If your answer to Question 5 is "Yes", please provide to the above-named company representative making this inquiry with documentation of the employee's successful completion of the DOT return-to-duty requirements (including follow-up tests) | | |
| 7. If you do not possess the information requested in Question 6, please provide the following: | | |

Substance Abuse Professional Name _____ Phone No. _____

Address _____ Date Referred _____

Signature of Person Supplying the information _____ Title/Date _____

Please fax this consent form to

