



On behalf of The Interlake Steamship Company, we would like to thank you for your interest in our company. Following is an application for you to fill out and return to us as soon as possible.

If you have a US Coast Guard Merchant Mariners Document, License, or Certificate, please make a copy of each and attach it/them to your application. If you do not have a Merchant Mariners Document, you will need to contact the Coast Guard Regional Exam Center in Toledo, OH, at (419) 418-6010, in order to obtain one. We can proceed no further with your application until you have a Merchant Mariners Document. If you are interested in sailing in a licensed capacity and you currently have your license, please make sure you are registered with District 1 MEBA Union. You can contact them at (202) 638-5355.

Your application will remain active within our files for a period of one (1) year. If you need to change or update your application, please write to us at our address below. If it is necessary for you to check on your application, call and leave a message at the number listed below, ext. 7140.

Thank you!

Sincerely,

The Interlake Steamship Company
Hiring Center

ISO 9002 Certified

INTERLAKE STEAMSHIP HIRING CENTER

PRE-EMPLOYMENT APPLICATION

THE INTERLAKE STEAMSHIP COMPANY, LAKES SHIPPING COMPANY, INC., AND INTERLAKE TRANSPORTATION, INC. ARE EQUAL OPPORTUNITY EMPLOYERS AND WILL CONSIDER ALL APPLICANTS FOR ALL POSITIONS EQUALLY REGARDLESS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, OR ANY DISABILITIES AS PROVIDED IN THE AMERICANS WITH DISABILITIES ACT.

Today's Date _____

1. NAME _____ 2. SOCIAL SECURITY # _____
(last, first, middle initial) Please attach a photocopy of your Social Security card to this application.

3. ADDRESS _____ APT. # _____
(street address)

4. CITY _____ 5. STATE _____ 6. ZIP CODE _____

7. HOME PHONE (_____) _____ 8. Do you have an answering machine? [] YES [] NO
OTHER PHONE NUMBER WHERE YOU CAN BE REACHED (_____) _____

9. ARE YOU 18 YEARS OF AGE OR OLDER? [] YES [] NO

10. DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____
CURRENTLY VALID? [] YES [] NO Please attach a photocopy of your Driver's License to this application.

11. WHAT POSITION(S) ARE YOU APPLYING FOR? _____

12. DATE AVAILABLE TO START WORKING _____

13. ARE YOU AVAILABLE FOR TEMPORARY JOBS? [] YES [] NO
NOTE: All positions are considered at will employment and no length of employment is guaranteed.

14. ARE YOU A CITIZEN OF THE UNITED STATES OR DO YOU HAVE A U.S. COAST GUARD MERCHANT MARINERS DOCUMENT? [] YES [] NO

15. HAVE YOU APPLIED TO OUR COMPANY BEFORE? [] YES [] NO IF YES, WHEN? _____

16. HAVE YOU WORKED FOR OUR COMPANY BEFORE? [] YES [] NO IF YES, WHEN? _____

17. DO YOU HAVE ANY RELATIVES WORKING WITH OUR COMPANY NOW? [] YES [] NO
IF YES, WHO? _____

18. DO YOU HAVE ANY RELATIVES WHO ARE CURRENTLY EMPLOYED IN THE U.S. MERCHANT MARINE SERVICE? [] YES [] NO
IF YES, WHICH COMPANY(IES)? _____

19. DO YOU HAVE THE ABILITY, WITH OR WITHOUT REASONABLE ACCOMMODATIONS, TO WORK OVERTIME OR TO TRAVEL IF TRAVEL AND/OR OVERTIME ARE REQUIRED BY THE JOB FOR WHICH YOU ARE APPLYING? [] YES [] NO
IF NO, EXPLAIN _____

EDUCATION

1. DID YOU COMPLETE HIGH SCHOOL? [] YES [] NO IF YES, GRADE POINT AVERAGE _____
IF NO, HIGHEST GRADE COMPLETED _____ DID YOU RECEIVE A GED? [] YES [] NO
2. LIST ANY COLLEGES OR VOCATIONAL SCHOOLS YOU ATTENDED, AND CERTIFICATES, DIPLOMAS,
OR DEGREES RECEIVED _____
GRADE POINT AVERAGE _____
-

EMPLOYMENT HISTORY

List 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 _____

MAY WE CONTACT ALL SUPERVISORS OF PREVIOUS JOBS? [] YES [] NO
IF NO, WHY? _____

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 OF SERVICE _____ DATES _____

FINAL PAY GRADE _____ RATE OR MOS _____

MEDALS OR RIBBONS RECEIVED _____

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 MAINTENANCE MAN

____ AB WHEELSMAN ____ AB WATCHMAN ____ 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

____ OTHER - EXPLAIN _____

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

[] YES [] NO IF YES, TYPE OF DOCUMENT/RATING _____

DATE ISSUED _____ ISSUING AUTHORITY _____

Attach a photocopy of your U.S. Coast Guard Merchant Mariners Document (MMD) to this application.
We can proceed no further with your application until we receive this.

4. DO YOU HAVE A U.S. COAST GUARD LICENSE? [] YES [] NO

IF YES, TYPE OF LICENSE _____ DATE ISSUED _____

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

REFERENCES

List three (3) people who are not related to you and are not former employers who can be contacted for a personal reference check.

1. NAME _____ ADDRESS _____
PHONE # (____) _____ How long have you known him/her? ____ Years ____ Months
 2. NAME _____ ADDRESS _____
PHONE # (____) _____ How long have you known him/her? ____ Years ____ Months
 3. NAME _____ ADDRESS _____
PHONE # (____) _____ How long have you known him/her? ____ Years ____ Months
-

OTHER

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

IF YES, EXPLAIN _____

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

IF YES, EXPLAIN _____

3. HAVE YOU EVER QUIT A JOB AFTER BEING TOLD YOU WOULD BE FIRED? YES NO

IF YES, EXPLAIN _____

4. PERSON TO CONTACT IN CASE OF AN EMERGENCY: NAME _____
PHONE # (____) _____ RELATIONSHIP TO YOU _____
-

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 THE REJECTION OF THE APPLICATION OR IMMEDIATE DISCHARGE IF EMPLOYED.

I AUTHORIZE INTERLAKE STEAMSHIP 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 INTERLAKE STEAMSHIP. 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 INTERLAKE STEAMSHIP COMPANY, LAKES SHIPPING COMPANY, INC., OR INTERLAKE TRANSPORTATION, INC., 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" AND MAY BE TERMINATED BY MYSELF OR BY INTERLAKE STEAMSHIP, LAKES SHIPPING, OR INTERLAKE TRANSPORTATION AT ANY TIME FOR ANY REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE. ONLY A WRITTEN AGREEMENT EXPRESSLY TO THE CONTRARY, SIGNED BY BOTH ME AND THE SENIOR VICE PRESIDENT OF THE COMPANY CAN VARY THE EMPLOYMENT AT WILL POLICY.

SIGNATURE _____ DATE _____



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. Upon timely written request of the Personnel Department of the company, and within five (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 INCLUDED "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 STATEMENTS.

Print Your Name

Signature

Date

RETURN THIS FORM WITH YOUR APPLICATION.

**CONFIDENTIAL DRUG & ALCOHOL TESTING INFORMATION
CONSENT FORM**

DOT Regulation 49 CFR Part 40.25

Applicant's Full Name: _____ Social Security Number: _____

Address: _____ Telephone Number: _____

I hereby authorize my previous employer(s) listed below to release the following information with regard to my chemical testing records to my prospective employer:

Applicant's Signature: _____ Date: _____

Previous Employers
(List all employers for the past 24 months)

1. Name of Previous Employer: _____

Company Contact Person: _____

Telephone Number: _____ Fax Number: _____

Date of Employment: _____ Discharge Date: _____

2. Name of Previous Employer: _____

Company Contact Person: _____

Telephone Number: _____ Fax Number: _____

Date of Employment: _____ Discharge Date: _____

3. Name of Previous Employer: _____

Company Contact Person: _____

Telephone Number: _____ Fax Number: _____

Date of Employment: _____ Discharge Date: _____

4. Name of Previous Employer: _____

Company Contact Person: _____

Telephone Number: _____ Fax Number: _____

Date of Employment: _____ Discharge Date: _____

CONFIDENTIAL DRUG & ALCOHOL TESTING INFORMATION
EMPLOYER QUESTIONNAIRE
DOT Regulation 49 CFR Part 40.25

Previous Employer: _____ Attn: _____

Prospective Employee: _____ SS #: _____

THIS SECTION TO BE COMPLETED BY PREVIOUS EMPLOYER ONLY

The individual listed above has authorized your organization to release the following information. During the past two years (24 months), with respect to the DOT's chemical testing regulations, did the applicant/employee:

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| • Have alcohol tests with a result of 0.04 or higher concentration? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have verified positive drug tests? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Refuse to test or have verified adulterated or substituted drug test results? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Violate any other DOT/USCG drug & alcohol testing regulation? | <input type="checkbox"/> | <input type="checkbox"/> |

With respect to any violation of a DOT/USCG chemical testing regulation, please provide documentation of the applicant's completion of DOT return-to-duty requirements, including follow up tests.

If you answered YES to any of these questions, please provide our company with the following information:

Name of Substance Abuse Clinic/Professional: _____

Telephone Number: _____ Fax Number: _____

Name of person verifying above information:

Please print name here: _____

Signature: _____ Date: _____

PLEASE FAX THIS QUESTIONNAIRE TO:

The Interlake Steamship Company
Personnel Department – Attn: Glenn R. Kolke
Fax Number: 440-260-6945

For questions, please call:
Glenn R. Kolke
Marine Personnel Manager
Telephone Number: 440-260-6927

**INTERLAKE STEAMSHIP COMPANY VOLUNTARY SELF-IDENTIFICATION FORM
(CONFIDENTIAL – FOR STATISTICAL USE ONLY)**

Interlake Steamship Company is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability/handicap, medical condition, veteran status, marital status, sexual orientation or any other classification protected by Federal, state, or local law.

Interlake Steamship Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race and ethnicity.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Further, if provided, the information will be kept confidential and used only in accordance with regulations. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

Name (Print) _____ Date _____

Signature _____

GENDER – Check one: _____ Male _____ Female

ETHNICITY – Check one:

_____ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

_____ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

_____ Race missing or unknown – Applies to Applicants only, where a resume or application that is screened is received without any racial or ethnic identification and no further contact is made with the applicant.
