

## Supplemental Employment Application

**To be completed by Applicants seeking Vessel Positions Afloat and Ashore (including Shipyard) Only**

*(If you are applying for an Office or Linehandling Position listed, DO NOT complete unless also applying for a Vessel Position Afloat and/or Ashore)*

30. U.S. Coast Guard Licenses and Document Information							
<b>30(a) Do you possess a U.S. Coast Guard Merchant Mariner Document? Yes <input type="checkbox"/> No <input type="checkbox"/></b> <i>(If Yes, Complete blocks 30(b), 30(c), and 30(d) below)</i>				<b>30(f) Do you possess a U.S. Coast Guard License as a Captain, Mate, or Engineer? Yes <input type="checkbox"/> No <input type="checkbox"/></b> <i>(If Yes, Complete blocks 30(f), 30(g), and 30(h) below)</i>			
<b>30(b) Ratings held and expiration date:</b> <i>(If temporary, so state)</i>				<b>30(f) Licenses held and expiration date:</b>			
<i>(Ratings)</i>	Month	Day	Year	<i>(Licenses)</i>	Month	Day	Year
<b>30(c) Do you have a life boat endorsement? Yes <input type="checkbox"/> No <input type="checkbox"/></b>							
<b>30(d) List all limitations and endorsements listed on the back of your U.S. Coast Guard Merchant Mariners Document below:</b>				<b>30(g) List all limitations and endorsements listed on your U.S. Coast Guard licenses below:</b>			
<i>(Limitations and endorsements)</i>				<i>(Limitations and endorsements)</i>			
				<b>30(h) For licensed Captain/Deck officers:</b> <b>Are you a qualified RADAR observer? Yes <input type="checkbox"/> No <input type="checkbox"/></b>			
31. Tug Experience							
<b>31(a) Do you have experience with the following type tugs?</b>				<b>31(b) Do you have experience with the following type of tug work?</b>			
a. Conventional Single Screw Tugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>		a. Harbor Docking/Ship assistance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
b. Conventional Twin Screw Tugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>		b. Escorting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
c. Tractor Tugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>		c. Tug Barge Units	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
d. Reverse Tractor Tugs	Yes <input type="checkbox"/>	No <input type="checkbox"/>		d. Other ( <i>Specify</i> ) _____			
e. Z-Drives	Yes <input type="checkbox"/>	No <input type="checkbox"/>		_____			
f. Cycloidal Propulsion	Yes <input type="checkbox"/>	No <input type="checkbox"/>		_____			
g. Other ( <i>Specify</i> ) _____				_____			
_____				_____			

**32. For applicants seeking Vessel positions Ashore (e.g. Port Captain, Port Engineer, Shipyard Employee, Yardman), indicate the level of experience you have had with the tools listed in block 34(a) and in performing the duties listed in block 34(b) using the scale below:**

**SCALE**

**0** - Indicates that you have not had any training or work experience

**1** - Indicates that you have trained, but never had work experience

**2** - Indicates that you have used/performed alone with little supervision

**3** - Indicates that you have used/performed and trained or supervised others

**32(a) Use the Scale above to indicate your level of experience with the following tools or equipment:**

- \_\_\_\_\_ Pliers
- \_\_\_\_\_ Hammer
- \_\_\_\_\_ Screwdriver
- \_\_\_\_\_ File
- \_\_\_\_\_ Chisel
- \_\_\_\_\_ Wrench
- \_\_\_\_\_ Power Saw
- \_\_\_\_\_ Portable Drill
- \_\_\_\_\_ Power Shaper
- \_\_\_\_\_ Mortiser
- \_\_\_\_\_ Router
- \_\_\_\_\_ Metal Shears
- \_\_\_\_\_ Lathe
- \_\_\_\_\_ Jointer
- \_\_\_\_\_ Scrapper
- \_\_\_\_\_ Power Sprayer
- \_\_\_\_\_ Fork Lift

- \_\_\_\_\_ Hand Truck
- \_\_\_\_\_ Dolly
- \_\_\_\_\_ Power Winch
- \_\_\_\_\_ Grease Gun
- \_\_\_\_\_ Impact Wrench
- \_\_\_\_\_ Soldering Iron
- \_\_\_\_\_ Wire Strippers
- \_\_\_\_\_ Basic Voltmeter/Ohmmeter
- \_\_\_\_\_ Hydraulic Bender
- \_\_\_\_\_ Fire Extinguisher
- \_\_\_\_\_ Other (*Please Specify*)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**32(b) Use the Scale above to indicate your level of experience in performing the following duties:**

- \_\_\_\_\_ Installed electrical cable
- \_\_\_\_\_ Spliced cable
- \_\_\_\_\_ Repaired telephone equipment
- \_\_\_\_\_ Repaired electrical equipment & systems on ships
- \_\_\_\_\_ Maintained electrical equipment & systems on ships
- \_\_\_\_\_ Repaired electric motors
- \_\_\_\_\_ Worked in a steam plant
- \_\_\_\_\_ Worked in a diesel plant
- \_\_\_\_\_ Worked as a machinist or welder
- \_\_\_\_\_ Welded to fine tolerances
- \_\_\_\_\_ Welded using processes such as brazing, beading, pressure welding, tack welding
- \_\_\_\_\_ Worked as a pipefitter
- \_\_\_\_\_ Repaired air conditioning equipment
- \_\_\_\_\_ Repaired refrigeration equipment
- \_\_\_\_\_ Painted metal surfaces (aircraft, ships, automobiles, etc.)
- \_\_\_\_\_ Prepared metal surfaces for painting
- \_\_\_\_\_ Painted surfaces other than metal (plastic, wood, etc.)
- \_\_\_\_\_ Mixed paints, varnishes, stains
- \_\_\_\_\_ Climbed ladders
- \_\_\_\_\_ Handled heavy loads
- \_\_\_\_\_ Worked in high places

- \_\_\_\_\_ Worked with formal supply systems
- \_\_\_\_\_ Performed inventory duties
- \_\_\_\_\_ Maintained storerooms/stockrooms
- \_\_\_\_\_ Maintained stock records
- \_\_\_\_\_ Maintained budget records
- \_\_\_\_\_ Planned for & ordered stock/parts
- \_\_\_\_\_ Planned storage schemes
- \_\_\_\_\_ Arranged items stored to allow for maximum use of space & proper issue
- \_\_\_\_\_ Stored supplies
- \_\_\_\_\_ Worked as an administrative assistant
- \_\_\_\_\_ Worked in a payroll office
- \_\_\_\_\_ Used instruction manuals
- \_\_\_\_\_ Operated computer terminals
- \_\_\_\_\_ Operated office machines
- \_\_\_\_\_ Other (*Please Specify*)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

33. For applicants seeking Vessel positions Afloat and Ashore (e.g. Captain, Engineer, Deckhand, Port Captain, Port Engineer, Shipyard Employee, Yardman), indicate the level of experience you have had with the tools listed in block 33(a) and in performing the duties listed in block 33(b) using the scale page 15:

33(a) Use the Scale on page 15 to indicate your level of experience with the following tools or equipment:

- Diesel Engines (Main Propulsion)
- Diesel Engines (Generators and/or small gasoline engines [small boat])
- Chipping Hammer (pneumatic)
- Deck Winches
- Bow Thruster
- Pumps
- Booms
- Boilers (Main)
- After Steering Engine
- Davits
- Ventilation Systems (HVAC)
- Fathometer
- Steering System (Bridge)
- Main Electrical Switchboard
- Anchor Windlass

- Capstans
- Automated Bridge Control
- AC Generators
- DC Generators
- Boiler water supply equipment
- Compressors
- Collision Avoidance Radar
- Gyro Compass (Master)
- Life boats
- Fire Detector System
- CO<sub>2</sub> Extinguishing System
- Inert Gas System
- Global Positioning System (GPS)
- Others (Please Specify)

33(b) Use the Scale on page 15 to indicate your level of experience in performing the following duties:

- Operated hydraulic equipment
- Repaired valves
- Tied knots
- Used life-saving equipment
- Chipped paint
- Spliced wire rope
- Spliced other rope (fiber)
- Operated davits
- Worked on slippery surfaces
- Handled lines
- Maintained engine machinery
- Took tank soundings
- Operated valves
- Lubricated engine equipment
- Used various lubricants
- Disassembled engine room equipment
- Assembled engine room equipment
- Read electrical meters
- Read mechanical gauges
- Cleaned burners
- Fired oil burners
- Assembled & disassembled burners
- Changed & cleaned strainers
- Operated & maintained burners
- Transferred fuel between tanks
- Pumped bilges
- Steered by Gyro Compass
- Steered by magnetic compass]
- Kept vessel on course
- Used navigational aids
- Used navigational rules & regulations
- Operated gas engines
- Operated diesel engines
- Packed shafts and bearings
- Repaired small boat hulls
- Performed preventive maintenance on engines
- Gas free engineer certified

- Installed hardware & fittings on launches
- Towed floating equipment with a launch
- Lubricated deck machinery
- Operated booms
- Rigged booms
- Stood anchor watch
- Stood gangway watch
- Stood bridge watch (underway)
- Stood engineroom watch (in port)
- Launched life boats
- Commanded life boars (oars)
- Tested boiler water
- Operated lube oil purifier
- Operated evaporators
- Operated main throttle
- Operated remote shut down devices for machinery spaces
- Operated machine lathe
- Fabricated parts
- Service storage batteries
- Kept deck log
- Kept engineering log
- Knowledge of ship trim and stability
- Cargo storage
- Slushed standing rigging
- Lubricated running rigging
- Serviced damage control lockers and equipment
- Used all types of firefighting equipment
- Taken on fuel, lube oil, and water
- Knowledge of computers -
- Vessel application
- Operated computerized cargo systems
- Other (Please Specify)

Indicate training completed in the following areas by checking the appropriate box. In block 34(a) list other maritime training received such as courses in GYRO-COMPASS and RADAR. In block 34(b), list licenses and certificates you hold other than those issued by the U.S. Coast Guard.

Certified Swimmer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lifeboatman	<input type="checkbox"/> Yes <input type="checkbox"/> No	HASWOPR (Date _____) Other ( <i>Specify</i> ) _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
CPR/First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Radio Operator (FCC)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
RADAR Operation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Radio Operator (CB)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Diver (Shallow Water)	<input type="checkbox"/> Yes <input type="checkbox"/> No	GYRO-COMPASS	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Diver (Deep Water)	<input type="checkbox"/> Yes <input type="checkbox"/> No	GPS	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

34(a) List of other maritime training received: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

34(b) List of licenses and certificates you hold other than those issued by the U.S. Coast Guard: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**35. On what type of vessels have you served?**

Tug/Vessel Name	Tug/Vessel Type	Company	Position(s) Held

**36. In what geographical areas have you worked? Please list the areas in which you have worked on board the above vessels, including any particularly noteworthy areas (i.e. river systems, difficult docking areas, etc.)**

Tug/Vessel Name	Tug/Vessel Type	Company	Geographical Area

**37. Have you ever been involved in any USCG-reportable accident? Yes , If yes, explain in blocks 37(a) and 37(b), No**

37(a) Date of Accident			Type of Accident	Accident Details
Month	Day	Year		

(Accident details continued)

37(b) Date of Accident			Type of Accident	Accident Details
Month	Day	Year		

(Accident details continued)

**38. Photocopies (front & back) of documents required to be submitted with application for a Conditional Job Offer, Vessel Afloat & Ashore.**

- 38(a) U.S. Coast Guard Merchant Mariners Document with endorsements as OS, AB, TANKERMAN, etc.
- 38(b) U.S. Coast Guard Captain, Mate and/or Engineer's License (if held)
- 38(c) FCC Marine Radio Operator Permit (if held)
- 38(d) RADAR Observer Certificate (if held and not included as an endorsement on U.S. Coast Guard License)

Applicant's Signature for Vessel Afloat, Vessel Ashore, and Shipyard positions	Date of Signature: Month, Date & Year

**CONFIDENTIAL DRUG & ALCOHOL TESTING  
 CONSENT TO RELEASE INFORMATION  
 DOT REGULATION 49 CFR Part 40.25**

<b>39. Name</b>			
<i>(First)</i>	<i>(Middle)</i>	<i>(Maiden-Optional)</i>	<i>(Last)</i>
<b>40. Address</b>			
<i>Street</i>			<i>Apartment Number</i>
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
<b>41. Social Security Number</b>		<b>42. Home Telephone Number</b> <i>(Including area code)</i>	
<p>I hereby authorize my previous employer(s) that are covered by Department of Transportation Drug Testing Regulations (listed below – list all employers for the previous 24 months) to release the following information with regard to my chemical testing records to any one of, or to each of, The Great Lakes Group of Companies:</p>			
<b>43. Applicant's Signature</b>		<b>44. Date of Signature</b> <i>(Month, Day &amp; Year)</i>	
<b>45. Name of prior DOT Employer</b>			
<b>45(a) Name of Contact Person</b> <i>(First and Last name)</i>		<b>45(b) Telephone Number</b> <i>(including area code)</i>	
<b>45(c) Dates of Prior Employment:</b> <i>Month &amp; Year</i>		<i>Month &amp; Year</i>	
		<b>TO</b>	
<b>45(d) Name of prior DOT Employer</b>			
<b>45(e) Name of Contact Person</b> <i>(First &amp; Last Name)</i>		<b>45(f) Telephone Number</b> <i>(including area code)</i>	
<b>45(g) Dates of Prior Employment:</b> <i>Month &amp; Year</i>		<i>Month &amp; Year</i>	
		<b>TO</b>	

<b>45(h) Name of prior DOT Employer</b>				
<b>45(i) Name of Contact Person (First &amp; Last)</b>			<b>45(j) Telephone Number (Including area code)</b>	
<b>45(k) Dates of Prior Employment: (Month &amp; Year)</b>			<b>(Month &amp; Year)</b>	
		<b>TO</b>		
<b>45(l) Name of prior DOT Employer</b>				
<b>45(m) Name of Contact Person (First &amp; Last)</b>			<b>45(n) Telephone Number (Including area code)</b>	
<b>45(o) Dates of Prior Employment: (Month &amp; Year)</b>			<b>(Month &amp; Year)</b>	
		<b>TO</b>		
<b>45(p) Name of prior DOT Employer</b>				
<b>45(q) Name of Contact Person (First &amp; Last)</b>			<b>45(r) Telephone Number (Including area code)</b>	
<b>45(s) Dates of Prior Employment: (Month &amp; Year)</b>			<b>(Month &amp; Year)</b>	
		<b>TO</b>		
<b>45(t) Name of prior DOT Employer</b>				
<b>45(u) Name of Contact Person (First &amp; Last)</b>			<b>45(v) Telephone Number (Including area code)</b>	
<b>45(w) Dates of Prior Employment: (Month &amp; Year)</b>			<b>(Month &amp; Year)</b>	
		<b>TO</b>		
<b>45(x) Name of prior DOT Employer</b>				
<b>45(y) Name of Contact Person (First &amp; Last)</b>			<b>45(z) Telephone Number (Including area code)</b>	
<b>45(aa) Dates of Prior Employment: (Month &amp; Year)</b>			<b>(Month &amp; Year)</b>	
		<b>TO</b>		