



**Employment Application
 For a Conditional
 Job Offer
 for
 The Great Lakes Towing
 Company®
 Great Lakes Shipyard
 Soo Linehandling Services, Inc.**

4500 Division Avenue • Cleveland, OH 44102 (216) 621-4854

INSTRUCTIONS: This application for a Conditional Job Offer, must be completed in its entirety, and submitted with resume and required documentation (as indicated) to be considered for employment. Incomplete applications will not be considered.

The Company may ask disability-related questions; require medical examinations and require submission of further documentation and information from an applicant after the applicant has been given a Conditional Job Offer. Applications are considered active for six months, at which point applicants not hired must reapply. Please complete the application fully. If information is not applicable, then write "N/A". DO NOT leave any blanks. DO NOT write in the shaded areas.

“Equal Opportunity/Affirmative Action Employer”

We ensure that all individuals have an equal opportunity for employment, without regard to race, color, religion, sex, national origin, age, pregnancy, disability or status as a veteran, marital status, military status, genetic information, sexual orientation, gender expression or identity, or any other status or condition protected by applicable federal, state or local laws, except where a bona fide occupational qualification applies. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Our company Affirmative Action Program refers to our aggressive recruitment programs, mentoring, training, and family programs that work to recruit and retain qualified individuals. Equal access to employment services and programs are available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Company personnel representative at the address shown above.

Revised 04/18

1. Date of Application		2. Name (First, Middle, Last)	
3. Home Telephone No.	4. Mobile or Other Telephone No.	5. E-Mail Address	
()	()		
6. Present Mailing Address (Number, Street, City and Zip Code)			7. Are You 18 Years or Older
			Yes <input type="checkbox"/> No <input type="checkbox"/>
8. What position are you applying for:		9. Date Available to Start Work	
10. EDUCATION AND TRAINING			
10 (a) High School			
<i>Name of High School</i>		<i>Address (City, State)</i>	
10 (b) Did you receive a diploma or GED equivalency? Yes <input type="checkbox"/> No <input type="checkbox"/>		Years Completed (Check) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
10 (c) Have you ever attended college or graduate school? YES <input type="checkbox"/> if yes continue to block 10 (d) No <input type="checkbox"/> If NO, go to block 10 (e)			
10 (d) College/University			
<i>Name of College/University School</i>		<i>Address (City, State)</i>	
<i>Dates Attended (Month, Year)</i>	<i>Number of Credit Hours Completed</i>	<i>Type of Degree and Major (e.g. BA, MA)</i>	<i>Month and Year of Degree</i>

10. EDUCATION AND TRAINING (CONTINUED)			
10 (e) List any other courses or training related to the job you are applying form (business, vocational, trade, Armed Forces).			
Name of School		Address (City, State)	
Month and Year Attended	Class Room Hours	Subject(s)	Training Completed
			Yes <input type="checkbox"/> No <input type="checkbox"/>
11. EMPLOYMENT HISTORY			
Please start with your most recent job. Attach additional sheets as necessary. Include military service assignments and volunteer activities. Please complete all portions of this section. Also indicate whether or not we may contact your present or last employer. A "NO" will not affect the initial evaluation of your qualifications. If it is necessary to contact your present or last employers prior to final selection, you will be notified first. NOTE: If you are applying for a DOT-Regulated position, the Company is required to obtain Drug & Alcohol Testing information prior to employing someone in a safety-sensitive function in accordance with 49CFR40.25			
11(a) Name of Present or Last Employer		Present or Last Job Title	
Address (Include street, city, state and zip code)		Telephone Number	
Dates of Employment	Salary History (Present or Last salary held. Must be indicated in order for consideration)	May We Contact This Employer	
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Duties Performed and Reason for Leaving			
11(b) Name of Prior Employer		Prior Job Title	
Address (Include street, city, state and zip code)		Telephone Number	
Dates of Employment	Salary History (Last salary held. Must be indicated in order for consideration)	May We Contact This Employer	
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Duties Performed and Reason for Leaving			
11(c) Name of prior Employer		Prior Job Title	
Address (Include street, city, state and zip code)		Telephone Number	
Dates of Employment	Salary History (Last salary held. Must be indicated in order for consideration)	May We Contact This Employer	
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Duties Performed and Reason for Leaving			
12. PROFESSIONAL REFERENCES			
(List three [3] persons who are not related to you, and who are familiar with you)			

Name	Nature of Association	Telephone Number	May We Contact
a)			Yes <input type="checkbox"/> No <input type="checkbox"/>
b)			Yes <input type="checkbox"/> No <input type="checkbox"/>
c)			Yes <input type="checkbox"/> No <input type="checkbox"/>

13. PROFESSIONAL, EDUCATIONAL OR CIVIC ORGANIZATIONS

(List memberships as indicated. You may exclude those which may disclose your race, color, religion, national origin or any protected class.)

Name of Organization	Location	Dates of Membership
a)		
b)		

14. ACTIVE MILITARY SERVICE

14(a) Have you served in the United States Military Service? (If your only active duty was training in the Reserves or National Guard, answer "NO".) Yes No

If "YES" See attached Special Notice to Covered Veterans (Optional)

14(b) Did you retire? Yes No

14(c) Were you discharged from the military service under honorable conditions? (If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "YES." If you receive a clemency discharge, answer "NO.") Yes No

14(d) If "NO," provide the date and type of discharge you received below:

Month	Day	Year	Type of Discharge

14(e) If last employment was military service, attach copies of DOD Form DD-214 and, at the applicants option, attach your last three (3) performance evaluations prior to discharge.

15. REFERRAL INFORMATION

15(a) How did you hear about the Company? (Check all that apply)

Newspaper ad Friend Employee Union Website Other (Specify) _____

15(b) Were you referred by someone? Yes <input type="checkbox"/> No <input type="checkbox"/>	15(c) If yes, by whom?	15(d) May we contact them for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
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15(e) Have you ever applied to, or worked for a Company in the Great Lakes Group of Companies before? Yes No

16. ADDITIONAL QUESTIONS

NOTE: It is important that you give complete and truthful answers to questions below. If you answer "YES" to any of them, provide your explanation(s) in block 16(g). Include convictions resulting from a plea of nolo contendere (no contest). Omit: (1) traffic fines of \$100.00 or less; (2) any violation of law committed before your 16th birthday; (3) any violation of law committed before your 18th birthday, if finally decided in juvenile court or under a Youth Offender law; (4) any violation of law aside under the Federal Youth Corrections Act or similar state law; (5) any conviction whose record was expunged under Federal or state law. We will consider the date, facts, and circumstances of each event you list. In most cases you can still be considered for employment. However, if you fail to tell the truth or fail to list all relevant events or circumstances, this may be grounds for not hiring you, or for terminating your employment after you begin work.

16(a) During the last five (5) years, were you fired from any job for any reason, did you quit after being told you would be fired, or did you leave by mutual agreement because of specific problems? If "Yes," please explain below. Yes No

16(b) Have you ever been convicted of, or forfeited collateral for any felony violation? (Generally, a felony is defined as any violation of law punishable by imprisonment of longer than one (1) year, except for violations called misdemeanors under State law which are punishable by imprisonment of two (2) years or less). Yes No

16. ADDITIONAL QUESTIONS (CONTINUED)

16(c) Have you ever been convicted, or forfeited collateral for any firearms or explosives violation? Yes No

16(d) Are you now under charges for any violation of law? Yes <input type="checkbox"/> No <input type="checkbox"/>		
16(e) During the last five (5) years have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? Do not include violations reported in 16(b), 16(c), or 16(d), above. Yes <input type="checkbox"/> No <input type="checkbox"/>		
16(f) Have you ever been convicted by a military court martial? If no military service, answer "NO." Yes <input type="checkbox"/> No <input type="checkbox"/>		
16(g) If you checked "YES" for any of the questions above, please provide an explanation below.		
Item No.	Month & Year	Explanation
Item No.	Month & Year	Explanation
17. REPRESENTATIONS		
17(a) Attendance: <i>The Company is a service provider and employee attendance is critical to meet customer service demands.</i>		
(i) Are you able to meet the Company's attendance requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(ii) How many days, other than vacation days, were you absent from your last job? Less than 5 <input type="checkbox"/> 6-10 <input type="checkbox"/> More than 10 <input type="checkbox"/>		
(iii) How many Mondays or Fridays were you absent last year on leave other than approved vacation leave? Number of Mondays _____ Number of Fridays _____		
(iv) Do you have any objection to working overtime if necessary? Yes <input type="checkbox"/> No <input type="checkbox"/>		
17(b) Illegal Drug Use / Medical History:		
(i) Have you ever used illegal drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(ii) Have you used illegal drugs within the last six (6) months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when was the last time you used illegal drugs? _____		
(iii) Have you ever been convicted for driving under the influence of illegal drugs or alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>		
17(c) General Employment Information		
(i) Can you travel if required by this position? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(ii) Can you submit proof of legal employment authorization and identity as required by governmental authorities? Yes <input type="checkbox"/> No <input type="checkbox"/>		
(iii) Can you perform any or all job functions for the position applied for, with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>		

18. CERTIFICATIONS

18(a) I understand that the Company's Policy on Alcohol, Drugs and Controlled Substances requires Chemical Testing for employees as listed below. I am willing to participate in the required Pre-Employment Chemical Test and, if hired, to comply with the aforementioned Company policy.

(a) _____
Initial

I. Vessel Employees Afloat: Pre-Employment, Periodic, Random, Reasonable Cause, Post-Accident Testing.

- a. Any person, tug or crew member engaged or employed on board a Company tug, barge, vessel, or equipment acting under the authority of a license, certificate of registry, or merchant mariner's document, whether or not a member of the Company tug's crew;
- b. Any person employed shore side as an employee or supervisor, who, by virtue of his or her shore side position, may be engaged or employed on board a Company tug acting under authority of a license, certificate of registry, or merchant mariner's document, whether or not the employee is a member of the Company tug's crew.

II. Vessel Employees Ashore, Shipyard Employees and Linehandlers: Pre-Employment, Periodic, Random, Reasonable Cause, Post-Accident Testing.

- a. Any person engaged in duties which directly affect the safety of a Company tug's navigation or operations, or whose duties involve potentially dangerous and hazardous work that may endanger the safety of either themselves or other employees.
- b. All Company shipyard, or other Company maintenance facility employees (excluding administrative and clerical personnel);
- c. All other employees who perform repair and maintenance, construction, and reconstruction duties on board vessels and the dry dock;
- d. All Soo Linehandling Services, Inc. employees (excluding administrative and clerical personnel); and Employees, in various ports.

III. Administrative (including Management and Clerical) Personnel: Reasonable Cause Testing.

- a. All shore side employees performing administrative, management, and clerical duties who are not engaged or employed on board a Company tug, barge, or vessel.
- b. Any person engaged in duties which DO NOT directly affect the safety of a Company tug's navigation or operations, or whose duties DO NOT involve potentially dangerous work that may endanger the safety of either themselves or other employees.

18(b) I certify that the information provided in this employment application for a Conditional Job Offer (and accompanying resume, or documentation, if any) is true and complete, and I understand that any false or misleading information, misrepresentation or material omission may disqualify me from further consideration for employment or immediate termination of employment, if I am employed, whenever it may be discovered. I agree to immediately notify the Company if I should be convicted of a felony, of any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse, or violence, while my job application is pending, or during my period of employment if hired.

(b) _____
Initial

18. Certifications (*CONTINUED*)

18(c) I understand that I am authorizing the release of pre-employment information gained through my employment references. This is to allow the Company to verify and, in the Company's discretion, to perform other background investigations to determine my qualification for employment. Further, I understand that the Company, through a separate Company may investigate my academic credentials, prior employment, personal/professional references, credit record, motor vehicle record, and/or criminal record. I understand that a report may include information obtained through personal interview regarding my character, general reputation, personal characteristics, and/or mode of living. I understand that I may make a written request to obtain a description of the nature and scope of any report, which is prepared regarding me.

(c) _____
Initial

18(d) I understand that this Application is for a Conditional Job Offer and does not constitute an offer or create a contract of employment. I understand that if an offer of employment is made, and if hired, I am obliged to comply with the Company' current and subsequently adopted policies, including the Company's Employment Handbook, the Company's Policy on Alcohol, Drugs and Controlled Substances, and the Company's Responsible Carrier Program Manual. I am also aware that the aforementioned Company Policies on Alcohol, Drugs, and Controlled Substances, among other things, prohibits the use and possession of intoxicants (dangerous drugs and alcohol) on Company property and vessels, and that violation of the Policies will result in disciplinary action, including suspension, and may result in termination of employment. I understand and agree that, if hired, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason, with or without notice. Accordingly, either the Company or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand that no person is authorized to change any of the items mentioned in this employment application for a Conditional Job Offer.

(d) _____
Initial

18(e) I understand that if employed in a temporary position, I will not be entitled to health and other benefits afforded employees in permanent positions.

(e) _____
Initial

18(f) I understand that it is the Company's policy not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the Americans with Disabilities Act.

(f) _____
Initial

18(g) I understand that once I am offered a conditional job offer and I accept, I will be required to provide satisfactory proof of identity and legal work authorization before my initial start date. If I fail to submit such proof and/or the Company is not able to confirm legal work authorization through the E-Verify process, my conditional job offer with the company will be provoked.

(g) _____
Initial

18(h) I understand that once I am offered a conditional job offer and I accept, a criminal background check will be performed. If I have not been totally honest with the Company regarding my background, my conditional job offer with the company will be provoked.

(h) _____
Initial

I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

Applicant's Signature

Date

Voluntary Self-Identification of Veterans

Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

- I am not a veteran. (I did not serve in the military.)
- I belong to the following classifications of protected veterans (Choose all that apply):
- DISABLED VETERAN
 - RECENTLY SEPARATED VETERAN Military Discharge Date (MM/DD/YYYY): _____
 - ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
 - ARMED FORCES SERVICE MEDAL VETERAN
- I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)
- I choose not to identify my veteran status.

Your Name / Z#

Today's Date

Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.