



**Employment Application
For a Conditional
Job Offer
for**

**The Great Lakes Towing
Company®**

Great Lakes Shipyard

**The WM Plotz Machine and
Forge Company
2514 Center St,
Cleveland, OH 44113
(216) 861-0441**

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.

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. \

“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 07/2023

| | | | |
|---|---|---|--|
| 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) Did you receive a diploma or GED equivalency? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 10 (b) Have you ever attended college or graduate school? YES <input type="checkbox"/> If yes continue to block 10(c) NO <input type="checkbox"/> If NO, go to block 10(d) | | | |
| 10 (c) College/University | | | |
| Name of College/University School | | Address (City, State) | |
| | | | |
| Dates Attended (Month, Year) | Number of Credit Hours Completed | Type of Degree and Major (e.g. BA, MA) | Month and Year of Degree |
| | | | |

10. EDUCATION AND TRAINING (CONTINUED)**10 (d) List any other courses or training related to the job you are applying form (business, vocational, trade, Armed Forces).**

| | | | |
|--------------------------------|-------------------------|------------------------------|--|
| <i>Name of School</i> | | <i>Address (City, State)</i> | |
| | | | |
| <i>Month and Year Attended</i> | <i>Class Room Hours</i> | <i>Subject(s)</i> | <i>Training Completed</i> |
| | | | 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 attached to employment application (Optional).

15. REFERRAL INFORMATION15(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?

15(c) If yes, by whom?

15(d) May we contact them for reference?

Yes No Yes No

15(e) Have you ever applied to, or worked for a Company in the Great Lakes Group of Companies before?

Yes No **16. REPRESENTATIONS**16(a) Attendance: *The Company is a service provider and employee attendance is critical to meet customer service demands.*(i) Are you able to meet the Company's attendance requirements? Yes No (ii) Do you have any objection to working overtime if necessary? Yes No

16(b) General Employment Information

(i) Can you submit proof of legal employment authorization and identity as required by governmental authorities? Yes No (ii) Can you perform any or all job functions for the position applied for, with or without reasonable accommodation? Yes No

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 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.

(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. 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 revoked.

(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
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OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____ Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do I know if I have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. Disabilities include, but are not limited to:

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check on o the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

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.