



THE GREAT LAKES TOWING COMPANY

GREAT LAKES SHIPYARD

4500 Division Avenue • Cleveland, Ohio 44102
(216) 621-4854 • www.thegreatlakesgroup.com

EMPLOYMENT APPLICATION

Section 1: Personal Information

Date	First Name	MI	Last Name
Cell Phone Number	Email Address	Preferred Contact Method	
		Call ☐ Text ☐ Email ☐	
Are you 18 or Older?	Type of Work Desired	Desired Position/Location	Earliest Date Available
Yes ☐ No ☐	Full Time ☐ Part Time ☐ Intern ☐ Seasonal ☐		
Current Address (Number, Street, City, State, Zip Code)			
Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation? Yes ☐ No ☐			
Are you a United States Citizen? Yes ☐ No ☐			
Will you require sponsorship to work for this company? Yes ☐ No ☐			
Have you ever been employed by the Great Lakes Group, Plotz Machine, or any of its affiliates or related companies? Yes ☐ No ☐ If yes, please provide the position title and dates of employment:			
Are you able to work overtime, weekends, and/or holidays if necessary? Yes ☐ No ☐			
Have you worked for a Department of Transportation (DOT) regulated employer in the last 24 months? Yes ☐ No ☐			
How did you hear about our company? If you were referred by an employee, please provide their name:			
Do you have friends/relatives who currently work for this company? If so, please provide their name:			



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Section 2: Education

What is the highest level of education you have obtained?		
Institution Name	Institution City/State, or indicate if Online	
Dates Attended (Month, Year)	Type of Degree and Major	Month and Year of Completion
Please list any other relevant courses, training, licenses, and/or certifications taken/obtained		

Section 3: Employment History

Employer Name		Position Title	Telephone Number
City/State	Start Date (Month/Year)	End Date (Month/Year)	May we contact them?
			Yes ☐ No ☐
Reason for Leaving			
Duties Performed			



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City/State	Start Date (Month/Year)	End Date (Month/Year)	May we contact them?	
			Yes ☐ No ☐	
Reason for Leaving				
Duties Performed				

Employer Name		Position Title		Telephone Number
City/State	Start Date (Month/Year)	End Date (Month/Year)	May we contact them?	
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Duties Performed				



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Section 4: Professional References:

Name	Title	Telephone Number	May we Contact?
			Yes ☐ No ☐
			Yes ☐ No ☐
			Yes ☐ No ☐

Section 5: Acknowledgment and Signature:

I understand that the Company's Alcohol, Drug, and Controlled Substance Policy mandates chemical testing for employees in safety-sensitive roles. This may include, but is not limited to, Pre-Employment, Periodic, Random, Reasonable Suspicion, and Post-Accident testing. I am willing to participate in the required pre-employment chemical test and, if hired, to adhere to the mentioned Company policy.

I further understand that accepting a conditional job offer means a criminal background check will be performed. If I am dishonest with the Company about my background, my conditional offer can be revoked.

I affirm that the information provided in this application is true and complete to the best of my knowledge. I understand that giving false or misleading information on any part of this application may result in disqualification for employment consideration or, if hired, may be grounds for termination from the Company. I understand that this application is not an employment contract; if I am hired, my employment is "at-will," meaning I will be employed for no definite term, and may be terminated at any time, with or without notice. I affirm that I have read and fully understand the foregoing and that I seek employment under these conditions.

Print Name: _____

Signature: _____

Date: _____



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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.



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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 protected veteran.
- ☐ 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 choose not to identify my veteran status.

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.