



Application For Employment

We consider applicants for all positions without regard to race, religion, creed, gender identity, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Name:	Today's Date:
Address:	Social Security Number:
E-Mail:	MMC REF #:
Telephone: Cell: Home:	List Ratings on Card:

In case of accident notify:

Name: _____ Relationship: _____ Tel# _____

Are you a citizen of the United States or do you have a legal right to work in the United States? Yes No

Position applied for: _____ When are you available: _____

BACKGROUND

All previous employment (if other than vessels, also list below and include the telephone number of your supervisor or personnel manager).
You may include any verified work performed on a volunteer basis.

Vessel	Type	Owner	Reason for Leaving	Dates of Employment

License No.: _____ Issue No.: _____ Issued at: _____

Exact Reading: _____

Are you at least 18 years of age? Yes No

Have you ever been employed by any Reinauer company? Yes No

If yes, when? _____ where? _____

Have you ever had your Coast Guard document I license suspended or revoked for any reason? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor?

If yes, please state? _____

The felony(s) or misdemeanor(s): _____

The date(s) and place(s) of conviction: _____

Do you currently illegally use drugs? Yes No

Were you ever in the United States Armed Forces? Yes No

If yes, What branch: _____ Dates of service: _____

Date and Type of Discharge: _____

List duties in the service, including special training: _____

EDUCATION:

Where did you attend high school? _____

Did you graduate? _____

List any colleges or universities, maritime or service academies, or technical school and courses that you have attended: _____

PHYSICAL QUALIFICATIONS

When did you last receive a Coast Guard physical examination? _____

The essential functions of a position as a master or member of the crew of any vessel operated by any Reinauer company require that you have the physical ability to handle heavy lines, lift and carry heavy loads up to 100 pounds, and operate heavy machinery. Likewise, you must not suffer from color blindness or other impairment to your vision that cannot be corrected with prescription lenses, and you must have good hearing. You must be capable of walking and standing on wet and rolling surfaces for great length of time, and you must be capable of climbing ladders without assistance. The unpredictable, dangerous nature of tug and tow operations and the speed with which vessels and loads shift require that you be physically qualified to withstand the rigors of a maritime environment and to perform the duties required to ensure your own safety, as well as the safety of the vessel and your shipmates. YOU MUST BE IN POSSESSION OF APPROPRIATE MARINER'S PAPERS ISSUED BY THE UNITED STATES COAST GUARD BEFORE YOU WILL BE ALLOWED TO WORK ON ANY REINAUER VESSEL, INCLUDING PROOF THAT YOU HAVE BEEN FOUND PHYSICALLY FIT FOR DUTY BY AN AMA CERTIFIED PHYSICIAN.

Can you handle heavy lines with or without a reasonable accommodation? Yes No

Can you lift and carry heavy loads up to 100 pounds with or without a reasonable accommodation? Yes No

Assuming you receive the proper training, can you operate heavy machinery with or without a reasonable accommodation? Yes No

Are you able to recognize and to distinguish between the colors red and green with or without a reasonable accommodation? Yes No

Can you climb shipboard ladders without difficulty with or without a reasonable accommodation? Yes No

Can you walk and stand on wet and rolling surfaces for long periods of time with or without a reasonable accommodation? Yes No

If you are offered a position as the master or member of the crew of any Reinauer vessel, are you willing to take a physical examination to determine that you are able to perform the essential functions of such a position? Yes No

REINAUER WILL ATTEMPT TO MAKE A REASONABLE ACCOMMODATION FOR ANY DISABILITIES, BUT NO ACCOMMODATION CAN BE PROVIDED WHERE A DISABILITY OR IMPAIRMENT MAY RENDER YOU A DANGER TO THE SAFETY OF YOURSELF, YOUR VESSEL, OR OTHERS DURING THE COURSE OF TUG AND TOW OPERATIONS.

OTHER SKILLS AND REFERENCES

List any other experiences, skills, or qualifications that you believe would especially suit you for work with our organization:

Personal references (not former employers or relatives):

Please list any current or former Reinauer employees known to you:

THE FACTS SET FORTH IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

Applicant's Signature

Date

Witness

Date

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Date: _____

To whom it may concern:

I hereby authorize and request any present or former employer, school, police department, financial institution, division of motor vehicles, other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

In order to expedite your employment application, you are obligated to provide this office with a complete, current and accurate record of your motor vehicle history and any other reports necessary.

According to the Fair Credit Reporting Act, I am entitled to know if employment was denied based on record information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public report. A request for disclosure should be made to VERIFIED FIRST, 1550 South Tech Lane, Suite 200, Meridian, ID 83642. I hereby acknowledge that I have read the above statement and have understood it.

NAME (first, middle, last) _____

PHONE NUMBER (day) _____ (night) _____

OTHER NAMES USED:

_____ Dates Used _____

_____ Dates Used _____

CURRENT FULL ADDRESS (Number and Street, City, State, Zip)

FORMER ADDRESSES IN THE PAST FIVE (5) YEARS (continue on separate sheet)

1) _____ Dates: _____

2) _____ Dates: _____

DRIVERS LICENSE NO. _____ STATE: _____

Name of highest school attempted/graduated: _____

Year completed above school (for ID purposes only) _____

SIGNATURE: _____ DATE _____