

DO NOT fill out this application as a web page.

- **Save** the application to your computer and manually e-mail it to dave@delawarebaylaunch.com

Alternatively, you may print the application and fax it to 302-422-3885.

Delaware Bay Launch Service, Inc.

100 Passwaters Drive

Milford, De 19963

www.delawarebaylaunch.com



Date of Application: ____/____/____

EMPLOYMENT APPLICATION

Delaware Bay Launch Service, Inc. is an equal opportunity employer and does not discriminate on the basis of any protected class including, but not limited to, race, color, religion, age, sex, national origin, disability, veteran status or sexual orientation. In order to receive full consideration for employment opportunities, please fill in all spaces by typing or printing in ink. If any information is missing, your application may be rejected.

Personal Information

Last Name	First Name	Middle Name		
Street address - Apt. no.		City	State	Zip Code
Telephone: Cell	Home	E-mail Address:	Are you under 18 years of age?	
			Yes	No

Authorization to Work

It is the policy of Delaware Bay Launch Service to hire only those legally authorized to work in the United States.

Are you currently, legally authorized to work in the United States? Yes No

Position Desired

For what position are you applying?		Are you seeking:		
		Full time Part time		
Minimum wage or salary acceptable	Date available:	What hours can you work?		
\$	____/____/____	Any Day Evening Night Weekends		

Recruitment

Who referred you to Delaware Bay Launch Service, Inc.?

Walk-in

Employee referral / Name of employee: _____

Internet Posting

Other / Please specify: _____

Have you ever worked for Delaware Bay Launch Service?	Yes No	Dates employed	Supervisor
		From: To:	
Do you have any relatives working here?	Yes No		
Name: _____		Relationship: _____	

Community Record

Have you ever been convicted of, pleaded guilty or no contest to, or received deferred adjudication for any felony or misdemeanor other than minor traffic or parking violations?

(An affirmative response will not automatically disqualify you from being considered as a candidate for employment.) Yes No

If yes, when? _____ Where? _____

Type of offense? _____ Penalty assessed? _____

The essential functions of positions within this organization may require working in extreme and changing environmental conditions, repetitive physical demands of standing, walking, lifting and carrying weights of 50# or more, pushing & pulling, climbing ladders, crawling, stooping, bending, reaching, crouching, squatting, kneeling, hearing, speaking and seeing to USCG requirements.

CAN YOU PERFORM THESE REQUIREMENTS? YES NO

Employment History

Begin with Present or Most Recent Employment--Complete Even if Resume Attached

Employer	Address	Telephone no.
	City, State	
Job title	Supervisor's name	
Dates employed	Reason for leaving	
From:	To:	
Job Responsibilities		

Employer	Address	Telephone no.
	City, State	
Job title	Supervisor's name	
Dates employed	Reason for leaving	
From:	To:	
Job Responsibilities		

Employer	Address	Telephone no.
	City, State	
Job title	Supervisor's name	
Dates employed	Reason for leaving	
From:	To:	
Job Responsibilities		

Employer	Address	Telephone no.
	City, State	
Job title	Supervisor's name	
Dates employed	Reason for leaving	
From:	To:	
Job Responsibilities		

Employer	Address	Telephone no.
	City, State	
Job title	Supervisor's name	
Dates employed	Reason for leaving	
From:	To:	
Job Responsibilities		

References

List 3 persons, not related, you have known at least 3 years:

Name	Employer / Phone #	Position/Occupation	Home Phone	Yrs Known

Education / Training / Licenses

High School / School Name		Received high school diploma? Yes No	Highest grade completed?
Street Address, City, State, Zip Code		Received GED? Yes No	
Business or Technical / School Name		College or University / School Name	
Street Address, City, State, Zip Code		Street Address, City, State, Zip Code	
	Completed Program Yes No		Received degree ? Yes No
Received certificate in?		Type of degree :	Major:

List any training you have or certifications you hold: _____

Do you have a TWIC (Transportation Worker Identification Credential) card? Yes No

Expiration: ____/____/____

Do you have a valid driver's license? Yes No

This Section for Boat Applicants Only

Can you swim? Yes No

Do you have a USCG Merchant Mariners document? Yes No Document #: _____

Endorsed for: _____

Date of Current Issue: ____/____/____ Expiration date: ____/____/____

List all job related training you possess (such as First Aid/CPR, water survival, rigger, incipient fire fighting, electrical, mechanical, pipefitting, plumbing, etc...): _____

What other licenses or permits do you hold? (F.C.C., Etc.) _____

Please Read The Following Carefully

1. I hereby certify that the statements on this employment application are true and complete to the best of my knowledge.
2. I understand that any false statements, omissions or misrepresentation of fact will result in the loss of eligibility for employment or if I am employed could be cause for immediate termination.
3. I further understand that Delaware Bay Launch Service, Inc. or I may terminate employment at any time, regardless of my length of service, without cause or notice.
4. I authorize Delaware Bay Launch Service, Inc. to inquire as to my work record of all former employers and to make any investigation of my personal history including conviction records, motor vehicle records, and consumer credit history where necessary.
5. I hereby give my consent for all former employers to make available to Delaware Bay Launch Service, Inc. such information as they may request.
6. If accepted for employment, I understand and agree that as a condition of employment I will be required to pass pre-employment & random drug testing.
7. I further agree to observe all rules, regulations, and policies of Delaware Bay Launch Service, Inc. and other applicable rules and policies of DBLS customers.
8. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

Date_____
Signature of Applicant

RELEASE REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

Section 1 TO BE COMPLETED AND SIGNED BY THE EMPLOYEE

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in section 2-B, to the employer listed in section 2-A. This release is in accordance with DOT Regulations 49CFR Part 40, Section 40.25. I understand that information to be released in Section 3-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or greater.
2. Verified positive drug tests.
3. Refused to be tested.
4. Other violations of DOT agency drug and alcohol testing regulations.
5. Information obtained from previous employers of a drug and alcohol rule violation.
6. Documentation, in any, of completion of the return-to-duty process following a violation.

Employee Signature: _____ Date: _____

Section 2 To be completed by the new employer and transmitted to the previous employer

2-A

New Employer Name: _____ Delaware Bay Launch Service, Inc.

Address: _____ 100 Passwaters Drive, Milford, DE 19963

Phone #: _____ 302-422-7604 Fax#: _____ 302-422-3885

Designated Employer Representative: _____ Capt. Jackson Brown

2-B

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax#: _____

Designated Employer Representative (if known): _____

Section 3 To be completed by the previous employer and transmitted by mail or fax to the new employer

3-A

In the two years prior to the date of the employee's signature (in section 1), for DOT-regulated testing:

- | | | | | |
|---|-----|-------|----|-------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | Yes | _____ | No | _____ |
| 2. Did the employee have verified positive drug tests? | Yes | _____ | No | _____ |
| 3. Did the employee refuse to be tested? | Yes | _____ | No | _____ |
| 4. Did the employee have other violations of DOT agency drug alcohol testing regulations? | Yes | _____ | No | _____ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | Yes | _____ | No | _____ |
| 6. If you answered "yes" to any of the above items, did the Employee complete the return-to-duty process? | Yes | _____ | No | _____ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to items 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

3-B

Name of person providing information in Section 3-A: _____

Title: _____

Phone #: _____

Date: _____

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