

**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](mailto: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](http://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 race, color, religion, age, sex, national origin, disability, veteran status, sexual orientation or political affiliation. 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	Date of Birth
Street address - Apt. no.		City	State
		Zip Code	
Telephone: Cell	Home	E-mail Address:	Are you <b>under</b> 18 years of age?
			Yes No

**Authorization to Work**

It is the policy of Delaware Bay Launch Service to hire only United States citizens and aliens lawfully authorized to work in the United States.

Are you a U.S. Citizen or are you an alien lawfully 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	Yes	Dates employed	Supervisor
Delaware Bay Launch Service?	No	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? \_\_\_\_\_

## Employment History

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

<b>Employer</b>	Address	Telephone no.
	City, State	
Job title	Supervisor's name	Starting salary      Ending salary
Dates employed From:                      To:	Reason for leaving	
Job Responsibilities		

<b>Employer</b>	Address	Telephone no.
	City, State	
Job title	Supervisor's name	Starting salary      Ending salary
Dates employed From:                      To:	Reason for leaving	
Job Responsibilities		

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Job Responsibilities		

<b>Employer</b>	Address	Telephone no.
	City, State	
Job title	Supervisor's name	Starting salary      Ending salary
Dates employed From:                      To:	Reason for leaving	
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	Year of GED completion:
Business or Technical / School Name		College or University / School Name	
Street Address, City, State, Zip Code		Street Address, City, State, Zip Code	
Dates Attended From:              To:	Completed Program Yes      No	Dates Attended From:              To:	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: \_\_\_\_\_

**FORM 503**