

INTERSTATE NAVIGATION COMPANY APPLICATION FOR EMPLOYMENT – VESSELS DEPT.

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

PLEASE NOTE: ALL APPLICANTS FOR ANY DECK OR ENGINE POSITION ABOARD ANY COMPANY VESSEL MUST FIRST PASS A U.S. COAST GUARD APPROVED DRUG TEST (NIDA), **BEFORE** STARTING WORK.

DATE _____ SOCIAL SECURITY NUMBER _____
(TO BE GIVEN IN PERSON AT INTERVIEW)

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ E-MAIL ADDRESS _____

ARE YOU 18 YRS OR OLDER? YES NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

DO YOU HAVE ANY ILLNESS, INJURY, PHYSICAL OR MENTAL HANDICAP WHICH MAY LIMIT YOUR ABILITY TO
PERFORM IN A REASONABLE MANNER THE DUTIES OR RESPONSIBILITIES OF THE POSITION (S) FOR WHICH YOU
HAVE APPLIED? _____ IF YES, EXPLAIN IN DETAIL: _____

(USE BACK OF APPLICATION IF NECESSARY)

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ DESIRED SALARY _____

ARE YOU CURRENTLY EMPLOYED? YES NO IF YES, MAY WE INQUIRE OF YOUR EMPLOYER? YES NO

HAVE YOU APPLIED TO THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION

	NAME & LOCATION OF SCHOOL	NO. OF YRS ATTENDED	DID YOU GRADUATE?	MAJOR COURSE OF STUDY
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

DO YOU HOLD A U.S. COAST GUARD LICENSE, OR MMD (WITH AN ORDINARY OR ABLE SEAMAN RATING)? IF SO, PLEASE LIST. INCLUDE ALL ENDORSEMENTS. _____

SPECIAL SKILLS _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.) _____
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR PRESENT MEMBERSHIP IN
NAVAL SERVICE _____ RANK _____ NATIONAL GUARD OR RESERVES _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	PHONE NO.	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY NOTIFY _____
NAME
ADDRESS _____ PHONE NO. _____

IMPORTANT: PLEASE READ AND SIGN

AS AN "EQUAL OPPORTUNITY EMPLOYER" THIS COMPANY'S POLICY, AS WELL AS FEDERAL AND STATE LAW, PROHIBITS DISCRIMINATION IN EMPLOYMENT BASED ON RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, PHYSICAL HANDICAP, OR AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 18 YEARS OF AGE.

AS PART OF THIS APPLICATION FOR EMPLOYMENT, I HEREBY AUTHORIZE THE COMPANY TO INVESTIGATE MY REFERENCES AND MAKE AN INDEPENDENT INVESTIGATION OF MY CHARACTER, CONDUCT AND EMPLOYMENT RECORDS.

I FURTHER AGREE THAT FAILURE TO REVEAL ANY PRIOR EMPLOYER, OR THE GIVING OF FALSE OR MISLEADING INFORMATION BY ME WILL BE GROUNDS FOR TERMINATION OF EMPLOYMENT.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

AVAILABILITY FOR WORK

Because of the extremely competitive and unique nature of the travel and tourism sector of the marine transportation industry, we are open for operations 364 days per year. As a result, employees must be available to work weekdays, weekends and holidays (No employee will be scheduled to work seven (7) days per week, however potential full time employees must be available all days of the week). An employee’s full time schedule will be 4 to 5 days per week, and part time employee’s schedule will be 1 to 3 days per week. The ferry does not operate (and employees have off) on December 25th. We operate as scheduled on all federal and state holidays. Summer seasonal employment requires a commitment to work from June 15 until Labor Day (the first Monday in September). We do have a vacation policy in the summer, where employees may not take 1 to 2 week vacations from June 15 – Labor Day.

Please state your availability here:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please check days available (or hours)							

Please state any other notes regarding availability here: _____

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

REMARKS: _____

ABILITY: _____

HIRED: YES NO POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION. THIS FORM HAS BEEN REVISED TO COMPLY WITH THE PROVISIONS FO THE AMERICANS WITH DISABILITIES ACT AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULGATED BY THE EEOC ON JULY 26, 1991.

INTERSTATE NAVIGATION COMPANY

Criminal Records Check Release Form

PLEASE NOTE: All applicants for any deck or engine position on any company vessel must first pass a U.S. Coast Guard approved pre-employment drug screening, prior to being hired.

I _____ am an applicant for a position with the Interstate Navigation Company. I hereby authorize the release of any criminal information or data from any, Federal, State, and Local law enforcement agency including the Rhode Island Attorney General's Office with the regards to myself. Any and all information may be released to a representative of the Interstate Navigation Company.

Signature _____ Date _____

Driver's License # / State / Exp. Date: _____

Name _____

Date of Birth _____

Social Security # (To be given in person) _____

Telephone _____

Street Address _____

Town _____ State _____ Zip _____

Have you ever been arrested or convicted of a crime? Yes No

Information provided is true and accurate Yes No

Any information you would like to disclose: _____
