

Central Boat Rentals, Inc.

"Barge Specialists"

Reviewed by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

APPLICATION AND ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF APPLICATION: IT IS IMPORTANT THAT YOU READ THIS SECTION CAREFULLY AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS, PLEASE ASK A CENTRAL BOAT RENTAL, INC. REPRESENTATIVE BEFORE YOU SIGN THIS APPLICATION FORM.

In exchange for Central Boat Rentals, Inc.'s consideration of this employment application:

1. I promise that all information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection of this application, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. I make this promise because I understand that you will rely on my statements to you in making your decision whether to hire me.
2. I understand and agree that Central Boat Rentals, Inc., any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and or disclose any and all information about me and I agree to hold said corporation, agent or persons harmless for same. That is, I will not file a lawsuit or claim against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.
3. I understand and agree with the fact that Central Boat Rentals, Inc., maintains a drug-free workplace, that maintenance of same is essential to the safety of the workplace and employees, and that I may be required to undergo a pre-employment drug and or alcohol screening and testing, or paper and pencil tests designed to ascertain my suitability for employment and or job(s) for which I am being considered. I also understand and agree that I will be subject to such testing during the course of my employment and I specifically agree not to oppose in any fashion such pre-hire or post-hire testing. I understand that, subject to applicable law, Central Boat Rentals, Inc. shall be the sole judge of the acceptability of any test results. I also acknowledge that I have been advised that Central Boat Rentals, Inc. is an Equal Opportunity Employer, that Central Boat Rentals, Inc. does not discriminate against persons who are physically or mentally disabled, and that Central Boat Rentals, Inc. administers its employment policies in a nondiscriminatory manner.
4. I understand that I can request from Central Boat Rentals, Inc. a copy of Central Boat Rentals, Inc.'s employee handbook and that if I so desire, I can review said handbook before I submit this application. I agree to abide by the provisions of the handbook including without limitation: the requirement that any accident, or any injury, no matter how minor, be immediately reported to Central Boat Rentals, Inc.'s management. I also agree to comply with the company's vehicle driving and seat belt policies.
5. I understand and agree that, if hired, my employment will be at will, and that I or Central Boat Rentals, Inc. can terminate this employment relationship at any time, with or without notice, for any reason, good or bad, without recourse by either of us. I also understand that, if I am hired, Central Boat Rentals, Inc. has a 90 day "familiarization period" during which I am expected to determine as quickly as possible whether I wish to continue working for Central Boat Rentals, Inc., just as Central Boat Rentals, Inc. will determine as quickly as possible whether it wants me to continue working for Central Boat Rentals, Inc. Nothing about this familiarization period, or its completion, changes the fact that, if hired, my employment will be at will.
6. I understand and agree that work schedules and requirements vary and can be unpredictable, and that, while Central Boat Rentals, Inc. will make reasonable efforts to accommodate work schedules and employee availability, I may be required to work overtime, weekends, different shifts, or other arrangements. I consent to these requirements as necessary and legitimate conditions of employment.
7. I have read and understood everything on this application and have had the opportunity to ask any questions to a Central Boat Rentals, Inc. representative.

Applicant Printed Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

By my signature below, I attest that I witnessed and heard the above named applicant read out loud paragraphs 5 and 6 of this Applicant Acknowledgement, and that it was apparent to me that said applicant understood the meaning of the words he or she spoke, and that I have witnessed said applicants signature.

Witness Printed Name \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

**PERSONAL INFORMATION**

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
(last) (First) (MI)

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

**RECRUITMENT INFORMATION**

IDENTIFYING SCARS, BIRTHMARKS, OR TATTOOS: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ ISSUING STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

**POSITION APPLIED FOR (CIRCLE ONE)**

CAPTAIN MATE STEERSMAN DECKHAND MECHANIC LABORER CRANE OPERATOR WELDER/FITTER OTHER

CAN YOU PERFORM EACH OF THE ESSENTIAL FUNCTIONS OF THE JOB THAT YOU ARE APPLYING FOR? YES NO

(IF NO, PLEASE EXPLAIN) \_\_\_\_\_

*IF YOU DO NOT KNOW THE ESSENTIAL FUNCTIONS, PLEASE ASK THE COMPANY REPRESENTATIVE FOR A COPY OF THE JOB DESCRIPTION.*

AVAILABLE TO WORK: (CIRCLE ONE) FULL-TIME PART TIME DAY'S AVAILABLE (CIRCLE) M T W T F S S

HOW DID YOU LEARN ABOUT THIS COMPANY? (PLEASE LIST THE JOB ADVERTISEMENT, PUBLICATION OR MEDIA)

\_\_\_\_\_

IF YOU WERE REFERRED BY A CURRENT CBR EMPLOYEE, WHAT IS HIS OR HER NAME? \_\_\_\_\_

OTHER (SPECIFY IF AGENCY, JOB FAIR, COLLEGE RECRUITMENT OFFICE, ETC.) \_\_\_\_\_

HAVE YOU EVER PREVIOUSLY WORKED FOR THIS COMPANY OR ONE OF ITS AFFILIATES? YES NO

IF YES, LIST DATES AND POSITIONS \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A MINOR TRAFFICE OFFENSE? YES NO

IF YES, PLEASE LIST DATE, NATURE OF CONVICTION AND PUNISHMENT IMPOSED: \_\_\_\_\_

\_\_\_\_\_

**EDUCATION (PLEASE LIST EACH)**

HIGH SCHOOL \_\_\_\_\_ 9 10 11 12 GED (Circle Highest Grade Level Completed)  
Name City State

COLLEGE \_\_\_\_\_  
Name City State Major Yrs Att Degree? Y N

VOCATIONAL \_\_\_\_\_  
Name City State Curriculum Yrs Att Completed? Y N

**WORK HISTORY** (*List most current first, use additional page if necessary*) **ARE YOU CURRENTLY EMPLOYED? YES NO**

\_\_\_\_\_  
**Employer 1 Name**

\_\_\_\_\_  
**Employer 2 Name**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_ to \_\_\_\_\_  
Dates Employed

\_\_\_\_\_ to \_\_\_\_\_  
Dates Employed

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Job Title

Pay Rate: \$ \_\_\_\_\_ per HR - DAY

Pay Rate: \$ \_\_\_\_\_ per HR - DAY

\_\_\_\_\_  
Job Responsibilities

\_\_\_\_\_  
Job Responsibilities

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Immediate Supervisor

+++++  
\_\_\_\_\_  
**Employer 3 Name**

+++++  
\_\_\_\_\_  
**Employer 4 Name**

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_ to \_\_\_\_\_  
Dates Employed

\_\_\_\_\_ to \_\_\_\_\_  
Dates Employed

\_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ per Hour - Day

\_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ per Hour - Day

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Job Responsibilities

\_\_\_\_\_  
Job Responsibilities

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Immediate Supervisor

**PROFESSIONAL REFERENCES**

*Please list two professional references. These should not be relatives or people that you live with. They should be people in your field that know and can attest to your character and work ethics.*

<b>Reference 1</b>	Name: _____	<b>Reference 2</b>	Name: _____
	Title: _____		Title: _____
	Company: _____		Company: _____
	Phone #: _____		Phone #: _____
	Address: _____		Address: _____
	_____		_____
	Work Relationship: _____		Work Relationship: _____

**EMERGENCY CONTACT**

*In case of accident or illness, person to be notified:*

NAME: _____	RELATIONSHIP _____
ADDRESS _____	PHONE # _____
NAME OF FAMILY PHYSICIAN: _____	
ADDRESS: _____	PHONE # _____

**APPLICANT CONSENT**

Please read each of the following statements and place your initials by each one to indicate that you understand and agree to the terms stated, then sign this form at the bottom.

\_\_\_\_\_ I certify that all information that I have supplied on this form is correct to the best of my knowledge. I understand that omissions or deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.

\_\_\_\_\_ I consent to have Central Boat Rentals, Inc. or it's agents contact the people and companies listed on this form for references and authorize these individuals to provide truthful information regarding my qualifications for employment and previous work history. I also agree to waive liability against persons and companies named as references, provided the information they supply is honest, factual, and given without malice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

TO \_\_\_\_\_ DATE \_\_\_\_\_

FAX \_\_\_\_\_



**AUTHORIZATION FOR BACKGROUND INVESTIGATION  
RETURN TO FAX # 866-563-7003**

Please find below a signed authorization from the referenced individual authorizing the release of employment reference information. Thank you in advance for taking the time to respond to this inquiry. Your help is greatly appreciated.

Tom Galloway  
Personnel Manager  
Central Boat Rentals, Inc.  
985-384-8200 p

**Applicant Name** \_\_\_\_\_

**Dates of Employment** \_\_\_\_\_ to \_\_\_\_\_ **correct?**  Y  N  
(If not correct, please indicate correct employment dates below)

\_\_\_\_\_  
**Position:** \_\_\_\_\_ **correct?**  Y  N

**Work Ethic:**  Good  Fair  Poor

**Safety Record:**  Good  Fair  Poor

**Job Proficiency:**  Good  Fair  Poor

**Eligibility for Rehire**  Y  N

**Comments:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICANT CONSENT**

Please read each of the following statements and place your initials by each one to indicate that you understand and agree to the terms stated, then sign this form at the bottom.

I consent to have Central Boat Rentals, Inc. or it's agents contact the people and companies listed on my application for references and authorize these individuals to provide truthful information regarding my qualifications for employment and previous work history. I also agree to waive liability against persons and companies named as references, provided the information they supply is honest, factual, and given without malice.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Release of Information Form – 48 CFR, Part 40 Drug and Alcohol Testing**

**Section 1.** To be completed by the new employer, signed by the employee and transmitted to the previous employer:

Employee Printed or Typed Name \_\_\_\_\_

Employee SS or ID # \_\_\_\_\_

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

1. Alcohol tests with a result of 0.04 or higher
2. Verified positive drug tests
3. Refusals 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

**EMPLOYEE**

**EMPLOYEE**

**STOP HERE**

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

**STOP HERE**

**I-A**

New Employer Name: Central Boat Rentals, Inc.

Address: P. O. Box 2545  
Morgan City, LA 70381

Phone Contact: (985) 384-8200 fax (866) 563-7003 toll free

Designated Employer Rep: Tom Galloway

**I-B**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone & Fax # \_\_\_\_\_ fax: \_\_\_\_\_

Designated Employer Rep. (if known) \_\_\_\_\_

**Section II.** To be completed by the previous employer and transmitted to new employer by mail or fax.

**II-A.** In the two years prior to the date of the employee's signature (In Section I), 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 and Alcohol testing regulations               | YES ___ NO ___ |
| 5. Did a previous employer report a drug or alcohol 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 item 6 you must also transmit the appropriate return-to-duty documentation (eg., SAP report(s), follow-up testing records)

**II-B.**

Name of person providing the information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone#: \_\_\_\_\_ Date: \_\_\_\_\_





**Possession & Use of Drugs, Prohibited Substances, & Alcohol,  
Firearms & Weapons, and  
Unauthorized Possession of Company Property  
Company Policy**

**To: All Employees**

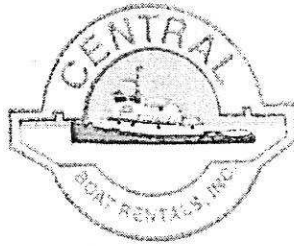
1. It is Central Boat Rentals' (CBR) policy that as a condition of employment, all employees are required to follow this safety policy concerning possession and use of drugs, alcohol, firearms and other weapons (known hereafter as weapons), and the unauthorized possession of company property. Affected employees include all full time, part time, temporary, contractor, and subcontractor employees. This policy includes employees' families.
2. All management personnel and supervisors are responsible for ensuring employees, guests, and visitors comply with this policy when working in designated work areas and/or job assignments.
3. All employees who work in designated work areas and/or job assignments are responsible for maintaining a drug, alcohol, and weapons free work environment in accordance with this policy. All employees are responsible for preventing the unauthorized possession of company property.
4. CBR prohibits the possession and use of illegal drugs, synthetic drugs/substances (prohibited substances), bath salts, alcoholic beverages, and weapons by any person on company premises. The illegal use or possession of substances covered by this policy include, but is not limited to, alcoholic beverages, marijuana, cocaine, mind or mood altering substances, "look-a-like" substances, inhalants, and prescription drugs that have not been authorized. Drug related equipment, paraphernalia, or literature is also prohibited. Weapons covered by this policy includes every type and classification of firearm, ammunition for any such firearm, and any other type of weapon or instrument which may be used as a weapon.



5. The following rules apply:

- A. All vessels, docks, vehicles, and offices owned or operated by CBR shall be alcohol and drug free.
- B. The use or possession of illegal drugs, prohibited substances and alcoholic beverages on board a vessel or dock owned or operated by CBR is strictly prohibited.
- C. Any person boarding a vessel owned or operated by CBR must obtain the authorization of the master and the personnel manager before bringing prescription drugs aboard.
- D. The use and possession of any type of weapon, including firearms and ammunition for firearms, aboard any vessel or dock owned or operated by CBR is strictly prohibited.
- E. The unauthorized possession of any property owned by CBR by any person aboard a vessel or dock owned or operated by CBR is strictly prohibited.
- F. Any person on board a vessel owned or operated by CBR, whether employed by CBR or not, may be subject to search by CBR for the possession of illegal drugs, prohibited substances, alcoholic beverages, weapons, and unauthorized possession of property owned by CBR.
- G. All illegal drugs, prohibited substances, alcoholic beverages, or weapons brought aboard a vessel or dock owned or operated by CBR by any person, whether an employee of CBR or not, is subject to confiscation by CBR.
- H. All illegal drugs and prohibited substances, alcoholic beverages, or weapons confiscated by CBR may be turned over to the appropriate law enforcement authorities.
- I. Any person, whether an employee of CBR or not, who is found in possession of any of the items or substances prohibited by this policy, as well as any person who refuses to comply with a search or investigation as described in these rules, will be subject to immediate removal from the vessel or dock. CBR employees will also be subject to disciplinary action, including termination of employment.





- J. Any person on board a vessel or dock owned or operated by CBR, whether employed by CBR or not, may be required to submit to a breath, urine, hair and/or blood test for illegal drug and/or alcohol usage as well as that of any artificial substances and bath salts following any accident, incident or situation as deemed appropriate by CBR Management.
- K. Any person or employee, including dockside employees and tugboat crews, who refuses to submit to a breath, urine, hair, and/or blood test for illegal drug prohibited substances, and/or alcohol usage at the direction of CBR will be subject to immediate removal from the vessel or dock. CBR employees will also be subject to termination of employment.
- 6. Any employee who determines he or she has a drug and/or alcohol abuse problem, may seek assistance through the CBR Employee Assistance Program, without fear of retribution or termination of employment. Refer to the CBR Employee Assistance Program Policy for details.

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SIGNATURE

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DATE