

AMHERST MADISON, INC.

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

To Applicant:

We appreciate your interest in our Company. All questions on this application must be answered. Should a question not apply to you put "N/A" in the blank space.

I understand that Amherst Madison, Inc. requires random and post-accident drug and alcohol testing of individuals in particular positions in accordance with applicable Coast Guard regulations, 41 CFR Part 16. I further understand that if I am employed by the Company, I will be required to sign an authorization form governing the Company's procedures to assure compliance with applicable drug and alcohol rules and regulations.

I have read and understand the above: **ELECTRONIC SIGNATURE OF APPLICANT**

(DATE)

PERSONAL INFORMATION

(LAST) (FIRST) (MIDDLE)

TELEPHONE NO. _____

PRESENT ADDRESS

(NUMBER, STREET, CITY, STATE, ZIP)

HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS _____

HAVE YOU EVER BEEN DISCHARGED FROM A JOB? _____
IF YES, EXPLAIN: _____

WHEN ARE YOU AVAILABLE TO START WORK? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____
(A conviction record will not necessarily be a bar to employment and factors such as age and time of the offenses, seriousness and nature of the violation, and rehabilitation will be taken into account.)

PERSONAL REFERENCES

(DO NOT LIST RELATIVES OR FORMER EMPLOYERS):

1. NAME _____
 ADDRESS _____
 TELEPHONE _____

2. NAME _____
 ADDRESS _____
 TELEPHONE _____

3. NAME _____
 ADDRESS _____
 TELEPHONE _____

EMPLOYMENT DESIRED

Position Applied For: _____

Are you eligible for employment in the United States? _____ YES _____ NO

If you are applying for a licensed position (captain, pilot, mate, engineer, dispatcher), in accordance with 46 USC §§ 7101-02 and 46 CFR § 10.201(e), you must answer this question:

Are you a United States Citizen? _____ YES _____ NO

Date you can start: _____

If you are employed, why do you want to change jobs? _____

Have you ever worked for our company before? _____ YES _____ NO

If Yes, When? _____

EDUCATION

Name and Location of School	No. Years	Academic Credentials/Areas of Study
High School/G.E.D.		Did you receive a diploma? ___ Yes ___ No
College/University		Did you receive a degree? ___ Yes ___ No Major study area:
Graduate study		Did you receive a degree? ___ Yes ___ No Major study area:
Trade or business school		Did you receive a certificate? ___ Yes ___ No Major study area:
Other		

LIST BELOW, BEGINNING WITH YOUR MOST RECENT, ALL PRESENT AND PAST EMPLOYMENT:

NAME OF COMPANY AND TYPE OF BUSINESS	FROM MO/YR	TO MO/YR	MONTHLY STARTING SALARY THIS JOB	MONTHLY LAST SALARY THIS JOB

PHONE NUMBER AND ADDRESS OF COMPANY: _____

NAME OF SUPERVISOR: _____

REASON FOR LEAVING: _____

DESCRIBE TYPE OF WORK DONE BY YOU: _____

LIST BELOW, BEGINNING WITH YOUR MOST RECENT, ALL PRESENT AND PAST EMPLOYMENT:

NAME OF COMPANY AND TYPE OF BUSINESS	FROM MO/YR	TO MO/YR	MONTHLY STARTING SALARY THIS JOB	MONTHLY LAST SALARY THIS JOB

PHONE NUMBER AND ADDRESS OF COMPANY: _____

NAME OF SUPERVISOR: _____

REASON FOR LEAVING: _____

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NAME OF COMPANY AND TYPE OF BUSINESS	FROM MO/YR	TO MO/YR	MONTHLY STARTING SALARY THIS JOB	MONTHLY LAST SALARY THIS JOB

PHONE NUMBER AND ADDRESS OF COMPANY: _____

NAME OF SUPERVISOR: _____

REASON FOR LEAVING: _____

DESCRIBE TYPE OF WORK DONE BY YOU: _____

IF ANY OF THE ABOVE JOBS WERE ON BOATS, PLEASE ANSWER THE FOLLOWING:

NAME OF BOAT _____

HORSEPOWER _____ RIVERS _____

NAME OF BOAT _____

HORSEPOWER _____ RIVERS _____

NAME OF BOAT _____

HORSEPOWER _____ RIVERS _____

NAME OF BOAT _____

HORSEPOWER _____ RIVERS _____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that I have answered all inquires on this application truthfully to the best of my knowledge and belief. I understand that my failure to disclose, or my falsification of, any information requested of me during the pre-employment process may disqualify me from consideration for employment or lead to the termination of my employment.

I understand that, as part of its pre-employment process, Amherst Madison, Inc. requires that all applicants to whom an offer of employment is extended must undergo a physical examination and physical evaluation of overall fitness to determine if I can perform the essential functions of the job, with or without reasonable accommodation. I also understand that Amherst Madison, Inc. requires post-offer urine drug testing for towboat applicants. I understand and agree that any offer of employment Amherst Madison, Inc. may extend is contingent upon obtaining a negative result on the drug testing. I further understand that any applicant who tests positive for drugs or who fails or refuses to undergo the drug testing will be ineligible for employment at Amherst Madison, Inc., in accordance with Company policy and applicable Coast Guard regulations, 46 CFR Part 16.

I understand that all employment relationships with the Company are “at will,” which means that I may resign at any time and the Company may discharge me at any time with or without cause. I further understand that no manager or representative of the Company, other than the President, has the authority to enter into any promises or commitments contrary to the above, including making any agreement for employment for any specified period of time, and that any such agreement must be in writing and signed by the President and the affected individual.

ELECTRONIC SIGNATURE OF APPLICANT

DATE

CONFIDENTIAL
AMHERST MADISON, INC.
VOLUNTARY SELF-IDENTIFICATION

Amherst Madison, Inc. is an equal employment opportunity employer. Individuals are considered for positions at Amherst Madison, Inc. without regard to race, color, creed, religion, sex, national origin, age, marital status, veteran status, disability and any other legally protected status. Amherst Madison, Inc. is also subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Amherst Madison, Inc. invites employees and job seekers to voluntarily self-identify their gender, race and ethnicity, below.

Completion of this form is voluntary. If you choose not to provide this information, it will not affect any opportunities for employment or benefits. If you do complete this form, any information you provide will be kept confidential, will not be used against you in any way, and will be used only in compliance with applicable laws, executive orders, and regulations.

Last Name: _____
(Please print)

First Name: _____
(Please print)

Today's Date: _____

ELECTRONIC SIGNATURE OF APPLICANT