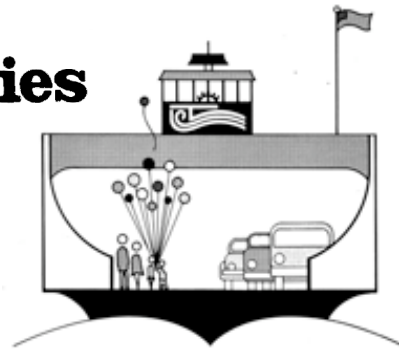


# LAKE CHAMPLAIN TRANSPORTATION CO.

King Street Dock – Burlington, VT 05401

Telephone – (802) 864-9804

lake  
champlain  
**ferries**



## APPLICATION FOR EMPLOYMENT

PLEASE PRINT, except for signature lines. No action can be taken unless all questions are answered fully and accurately. Use blank paper if you need more room. All information given on this application will be held in strict confidence.

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
No. Street City State Zip

Telephone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Lake Champlain Transportation Company is required by Law to verify your employment eligibility. Proof of citizenship immigration status will be required upon employment.

Are you 18 years of age or over? \_\_\_\_\_ If you are applying for a job with minimum age requirements, you may be required to submit proof of age.

Position(s) applied for. 1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_  
2. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Do you want to work: Year Round \_\_\_\_\_ May-October \_\_\_\_\_ Summer-Only \_\_\_\_\_ ?  
If May to October or Summer please specify dates available. \_\_\_\_\_

Have you filed an application with us before? \_\_\_\_\_ If yes, When? \_\_\_\_\_  
Have you worked for us before? \_\_\_\_\_ If yes, When? \_\_\_\_\_

List any friends or relatives working for us. \_\_\_\_\_

Have you ever been convicted of any violations of the law (except minor traffic violations)? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

### AN EQUAL OPPORTUNITY EMPLOYER

We are an equal opportunity employer and do not discriminate against any applicant because of race, color, religion, sex, national origin, age, disability, sexual orientation, marital status, veteran status or any other legally protected group. It is our intention that all applicants be given equal opportunity and that selection decisions be based on job-related factors.

# EDUCATION

Circle highest grade completed:      High School 9 10 11 12      College 13 14 15 16 17

High School:

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Diploma or GED:    yes      no

College (list all whether or not degree was obtained)

Name	Address	Major	Minor	Degree	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other night school, correspondence, home study or courses not listed above: \_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT RECORD

**Please complete in full even though you may have a resume.** List employers in consecutive order beginning with current or last employer. Account for all periods of time including military service and any periods of employment. If self employed give Company name and supply business references.

Company \_\_\_\_\_ Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Position \_\_\_\_\_ Employed-From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Position \_\_\_\_\_ Employed-From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Position \_\_\_\_\_ Employed-From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Position \_\_\_\_\_ Employed-From \_\_\_\_\_ To \_\_\_\_\_ Rate of pay \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact all employers listed above?      Yes      No

If not, which ones should we not contact and why? \_\_\_\_\_  
\_\_\_\_\_

# REFERENCES

References may be personal or professional, please do not list relatives.

Name \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Years acquainted \_\_\_\_\_  
Please check: Professional \_\_\_\_\_ Personal \_\_\_\_\_  
Occupation \_\_\_\_\_  
How do you know this individual? \_\_\_\_\_

Telephone No. \_\_\_\_\_ Years acquainted \_\_\_\_\_  
Please check: Professional \_\_\_\_\_ Personal \_\_\_\_\_  
Occupation \_\_\_\_\_  
How do you know this individual? \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Years acquainted \_\_\_\_\_  
Please check: Professional \_\_\_\_\_ Personal \_\_\_\_\_  
Occupation \_\_\_\_\_  
How do you know this individual? \_\_\_\_\_

Telephone No. \_\_\_\_\_ Years acquainted \_\_\_\_\_  
Please check: Professional \_\_\_\_\_ Personal \_\_\_\_\_  
Occupation \_\_\_\_\_  
How do you know this individual? \_\_\_\_\_

# EMPLOYMENT DATA

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your employment or personal references? \_\_\_\_\_

Please list any special skills, qualifications, or experience relevant to the position(s) for which you are applying. Re: Maritime licenses, first aid, heavy machinery, office equipment, computer skills, etc. \_\_\_\_\_

What is the most amount of time you want to spend commuting to work? \_\_\_\_\_

On what date would you be available to start work? \_\_\_\_\_

**Please read other side carefully**

**Read Each Section Carefully Before Signing**

**APPLICANT'S CERTIFICATION**

I understand that the receipt of this application does not imply that I will be employed.

I authorize all persons, school, employers, and organizations mentioned in this application to provide Lake Champlain Transportation Company and/or its representative with any and all information requested by the Lake Champlain Transportation Company. The Company representative may ask any question which they consider relative to their hiring decision, including questions about my personal background, education, work experience, character, and personality. I voluntarily release such persons, schools, employers, and organizations from all liability for providing such information.

In the event I am employed by Lake Champlain Transportation Company, I agree to comply with all its rules, regulations and directives. I understand that my employment is for no stated term and its subject to termination at the will of Lake Champlain Transportation Company.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that falsification, misrepresentation, or omission of facts called for in this application may result in denial of employment or immediate dismissal. I hereby acknowledge that I have read, understood, and consent to the above statements.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTICE REGARDING MANDATORY DRUG TESTING**

Lake Champlain Transportation Company is required by the U.S. Coast Guard's Mandatory Federal Workplace Drug Testing Program to test all potential vessel employees for the presence of illegal drugs.

All applicants being considered for employment in vessel operations will be given an offer of employment that is conditional upon passing a urine test for the presence of illegal drugs, including Marijuana, Cocaine, Opiates, Amphetamines, and Phencyclidine. This test will be arranged for the applicants at a local health care facility at Lake Champlain Transportation's expense.

If an applicant fails to pass the drug test, by testing positive for illegal drugs, the offer of employment to that individual will be rescinded.

All employees, working in boat operations, will be subject to further Coast Guard regulations. Mandatory Federal Workplace Drug Testing includes random drug testing and post accident and probable cause drug and alcohol testing.

I have read the above notice and understand that I will be subject to Pre-Employment Drug Testing regulations if I am offered employment in boat operations. If I become an employee of Lake Champlain Transportation Company I will be subject to further Coast Guard regulated testing.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_