



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PERSONAL DATA

Date: _____

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone Number: _____ Social Security Number: _____

Are you legally able to work in this country? Yes No

Have you ever been convicted of a felony? Yes No

If yes, state where, when and nature of offense: _____

Do you have relatives employed by Lake Michigan Carferry Yes No

LMC referring employee: _____

EMPLOYMENT INFORMATION

Position Desired: _____

Date available to start work: _____ To: _____

Have you previously applied for employment at Lake Michigan Carferry?

Yes No If yes, when? _____

Do you have any physical or mental conditions which prevent you from performing the type

of work for which you have applied? Yes No

EDUCATION AND TRAINING

| <u>Name of School and Location:</u> | <u>Diploma/Degree</u> | <u>Graduation</u> |
|-------------------------------------|-----------------------|--|
| High School: _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | |
|----------------|-------|--|
| College: _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|----------------|-------|--|

Other Relevant Education or Training: _____

MERCHANT MARINER'S DOCUMENT

Do you currently hold a valid Merchant Mariner's Document Yes No

If yes, state endorsements and expiration date: _____

EMPLOYMENT HISTORY

Please list your last two places of employment, including self-employment.
Begin with your most recent employer.

Present or Last Employer: _____
 Dates of employment: From: _____ To: _____
 Position held: _____
 Supervisor: _____
 Telephone: _____
 Reason for Leaving _____
 May we contact? Yes No

Last Employer: _____
 Dates of employment: From: _____ To: _____
 Position held: _____
 Supervisor: _____
 Telephone: _____
 Reason for Leaving _____
 May we contact? Yes No

READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THE FOLLOWING TERMS OF EMPLOYMENT:

I, the undersigned applicant for employment, certify that the information contained in this application is true and complete. I authorize Lake Michigan Carferry to request information regarding past employment, education, or other references that I may use.

I understand and agree that all employment with Lake Michigan Carferry is on an *at will basis* and that my employment may be terminated at any time without cause. I understand that all employment decisions are final and not subject to appeal. I agree that any Lake Michigan Carferry equipment or property that I may be using and any of my own property that I bring onto company property including automobiles, purses, and packages may be inspected at any time, and waive the right to make claims against the company or their personnel, owners or agents relating to such an inspection.

I agree to any physical testing by a health care professional at the request and expense of the company and I agree to disclose completely all information resulting from those tests. I also understand and agree to testing on a pre-employment and random basis for drugs and/or alcohol in my system. I waive and release my right to make claims against the company or any testing agent or agency used by the company relating to the results of such a test.

Signature of Applicant _____ Date _____

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| <p>Lake Michigan Carferry Human Resources Department P.O. Box 708 Ludington, MI 49431 231.843.1509 FAX 231.843.4558 www.ssbadger.com</p> |
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