APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

GREGER PACIFIC
dba of American Tug & Barge, Inc.

A resume is welcome. It does not replace this form. Incomplete applications will not be considered.

Date: _____ Position(s) Applied For: _____

Department: ☐ Deck ☐ Engine ☐ Tankerman ☐ Shoreside ☐ Other: _____

Preferred hitch / schedule: ☐ 14/14 ☐ 21/21 ☐ 28/28 ☐ Trip ☐ Other: _____

Name: _____ Email: _____

Street: _____ City: _____ ST: _____ Zip: _____

Cell: _____ Home / Other: _____

Driver's License No.: _____ State Issued: _____

Legally authorized to work in the United States? ☐ Yes ☐ No

Date available to start: _____ Desired pay / rate: _____

How were you referred? _____

Willing to fly to join or leave the vessel? ☐ Yes ☐ No

Willing to work at sea / away from home for extended periods? ☐ Yes ☐ No

MARINER CREDENTIALS • DOCUMENTS

MMC / License Grade: _____ MMC No.: _____

MMC Expiration: _____ Medical Cert. Exp.: _____

Endorsements / Ratings: _____

TWIC? ☐ Yes ☐ No TWIC Exp.: _____ STCW? ☐ Yes ☐ No Passport? ☐ Yes ☐ No

Attach copies: MMC (photo and endorsement pages), medical certificate, TWIC front and back, passport, and driver's license.
Do not write a Social Security number on this form.

EDUCATION

HIGH SCHOOL

Name: _____ Years: _____ Diploma? ☐ Yes ☐ No

City / State: _____

COLLEGE / MARITIME ACADEMY

Name: _____ Years: _____ Degree? ☐ Yes ☐ No

City / State: _____ Major / Field: _____

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EMPLOYMENT EXPERIENCE

List each job held unless an up-to-date resume is attached. Start with present or most recent position.

Employer 1

Employer: _____ From (Mo/Yr): _____ To: _____
Job Title: _____ Supervisor: _____
Address: _____ Title: _____ Phone: _____
Start $ _____ End $ _____ May we contact? ☐ Yes ☐ No
Duties: _____
Reason for Leaving: _____

Employer 2

Employer: _____ From (Mo/Yr): _____ To: _____
Job Title: _____ Supervisor: _____
Address: _____ Title: _____ Phone: _____
Start $ _____ End $ _____ May we contact? ☐ Yes ☐ No
Duties: _____
Reason for Leaving: _____

Employer 3

Employer: _____ From (Mo/Yr): _____ To: _____
Job Title: _____ Supervisor: _____
Address: _____ Title: _____ Phone: _____
Start $ _____ End $ _____ May we contact? ☐ Yes ☐ No
Duties: _____
Reason for Leaving: _____

Employer 4

Employer: _____ From (Mo/Yr): _____ To: _____
Job Title: _____ Supervisor: _____
Address: _____ Title: _____ Phone: _____
Start $ _____ End $ _____ May we contact? ☐ Yes ☐ No
Duties: _____
Reason for Leaving: _____

REFERENCES

Name 1: _____ Phone: _____ Relationship: _____

Name 2: _____ Phone: _____ Relationship: _____

Name 3: _____ Phone: _____ Relationship: _____

ADDITIONAL INFORMATION

Use this space for any additional information that may help us consider your application:

PLEASE READ AND INITIAL EACH STATEMENT, THEN SIGN BELOW

I understand that employment with Greger Pacific (the "Company"), if offered, is at-will. Either I or the Company may end the employment relationship at any time, with or without cause or notice, except as prohibited by law. Completion of any introductory or evaluation period does not change the at-will nature of employment. No one other than an authorized officer of the Company may alter this in writing.

initials _____

I certify that all information on this application, any resume I submit, and answers given in interviews are true and complete. I understand the Company may investigate my work and personal history related to the job. If any information is found to be false, I may be disqualified or, if hired, dismissed. I release persons who provide information to the Company in that investigation from liability for doing so in good faith.

initials _____

I authorize the Company and its agents to contact references, prior employers, public agencies, licensing authorities, and schools to verify information I provide. I waive claims against the Company and those who furnish such information, to the extent permitted by law.

initials _____

This application remains current for 45 days. After that, I must submit a new application if I still wish to be considered.

initials _____

If hired I will complete Form I-9 and prove identity and work authorization. Vessel and towing assignments may require a valid TWIC, merchant mariner credential, current medical certificate, other U.S. Coast Guard documents, and a negative pre-employment drug test under Company policy and applicable Coast Guard rules.

initials _____

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.

I certify that I have read, fully understand and accept all terms of the foregoing statements.

Date: _____ Signature: _____

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A. DRUG AND ALCOHOL TESTING CONSENT

I understand that Greger Pacific maintains a drug- and alcohol-free workplace and participates in chemical testing as required by Company policy and applicable U.S. Coast Guard regulations (including 46 CFR Part 16 where it applies). I consent to a pre-employment drug test. I understand that a confirmed positive test, a refusal to test, or an adulterated or substituted specimen may result in withdrawal of any offer and ineligibility for hire. If hired, I consent to testing required by Company policy and law, including reasonable-suspicion, post-accident, periodic, and return-to-duty testing as applicable.

Applicant printed name: _____ Date: _____

Signature: _____

B. BACKGROUND, MVR, AND PRIOR-EMPLOYER RELEASE

I authorize Greger Pacific, its employees, and its designated agents to obtain information about me from prior employers, references, schools, licensing authorities (including the U.S. Coast Guard), public agencies, and motor-vehicle records, to the extent permitted by law and related to the position I seek. I authorize those sources to release such information. I release the Company and those sources from claims arising from the good-faith gathering or furnishing of that information. I understand a consumer report or investigative consumer report may be obtained where allowed by the Fair Credit Reporting Act, and that I will receive any notice required by that Act before such a report is used to make an adverse decision.

Driver's license no.: _____ State: _____

Applicant printed name: _____ Date: _____

Signature: _____

C. DOCUMENT CHECKLIST (applicant — check what is attached)

- ☐ MMC photo page and endorsement pages
- ☐ Medical certificate
- ☐ TWIC (front and back)
- ☐ Passport
- ☐ Driver's license
- ☐ Resume (optional)
- ☐ Discharge papers / sea-service letters (if available)

Do not attach a Social Security card. Do not list conviction history on this packet.
Any conviction inquiry, if made, will occur only after a conditional offer and only as allowed by California law and job-related requirements (including TWIC and vessel security).