

**2025 Supplemental Application for Employment      Date:** \_\_\_\_\_

*This supplemental information is required from applicants for Guide, Driver, Captain or Maintenance Positions.*

**Applicant Information**

Name: \_\_\_\_\_  
*Last*
*First*
*M.I.*

List your physical addresses for the past 3 years (required pursuant to FMCSA 391.21(b)(3):

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Driving Record Request**

**All guide, driver, captain or maintenance position applicants must request AN "OFFICIAL" (OR "CERTIFIED") 5 YEAR DRIVING RECORD** from the DMV of **ALL** the states you are or *have been* licensed in within the last five years, to be delivered or emailed to GGC.

*Please note that an applicant cannot be hired until your driving record(s) have been received*

**States Licensed In Last 5 Years:** \_\_\_\_\_ **Date(s) requested:** \_\_\_\_\_

**Certifications and Licenses – For All Applicants**

Do you have a Commercial Driver's License or have held one in the past?    YES\*     NO     *\*Yes: See Part A, below*

If you are NOT currently a licensed Commercial Driver, is there anything that would prevent you from obtaining a CDL if otherwise eligible?    YES     NO

*If so, please explain:* \_\_\_\_\_

**A) Applicants with a Commercial Driver's License:**      State: \_\_\_\_\_      How many years: \_\_\_\_\_  
 License#: \_\_\_\_\_      Class of CDL : \_\_\_\_\_      Expiration Date: \_\_\_\_\_  
 Endorsements/Restrictions (passenger, airbrakes, etc.): \_\_\_\_\_  
 Current CDL Medical Certificate:     YES     NO      Expiration Date: \_\_\_\_\_  
 Additional Notes: \_\_\_\_\_

**Certifications and Licenses – For Captain Applicants**

Do you have a Captain's License or have held one in the past?    YES\*     NO     *\*Yes: See Part B, below*

**B) Applicants with a Captain's License:**      How many years: \_\_\_\_\_

License#: \_\_\_\_\_      What tonnage: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Current TWIC Card (Transportation Worker Identification Credential):     YES     NO      Expiration Date: \_\_\_\_\_

Current FCC Marine Radio Operator Permit:       YES     NO      Expiration Date: \_\_\_\_\_

Other relevant Certification or License: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Any Juneau-area marine operation experience:     YES     NO      How many years: \_\_\_\_\_

Any accidents, incidents or citations from the U.S. Coast Guard or other Marine Authority:       **\*YES**     NO

**\*If yes** please provide details of the facts & circumstances: (Attach pages as necessary.) \_\_\_\_\_

## Employment History

**IF YOU ANSWERED YES TO QUESTIONS A OR B ON THE PREVIOUS PAGE, PLEASE PROVIDE COMPLETE INFORMATION ON ALL EMPLOYERS DURING THE PAST 10 YEARS (ATTACH PAGES AS NECESSARY).**

OR

Please use this section if you needed more space to provide 3 years of employment history requested on the standard application

*Note: A full 10 Year work history is **legally required** for those individuals holding a CDL or Captain's License (as they are "safety sensitive" positions).*

Company: _____ Address: _____ City/State: _____ Zip: _____ Fax #: ( ) - _____ Job Title: _____ Contact Person: _____ Phone: ( ) - _____ From: _____ To: _____ Reason for Leaving: _____ Responsibilities: _____
Was your job designated as a safety-sensitive function subject to drug and/or alcohol testing? *YES <input type="checkbox"/> NO <input type="checkbox"/> **What Administrative Authority were you subject to drug and/or alcohol testing for? FMCSR <input type="checkbox"/> USCG <input type="checkbox"/> Non DOT <input type="checkbox"/>
Company: _____ Address: _____ City/State: _____ Zip: _____ Fax #: ( ) - _____ Job Title: _____ Contact Person: _____ Phone: ( ) - _____ From: _____ To: _____ Reason for Leaving: _____ Responsibilities: _____
Was your job designated as a safety-sensitive function subject to drug and/or alcohol testing? *YES <input type="checkbox"/> NO <input type="checkbox"/> **What Administrative Authority were you subject to drug and/or alcohol testing for? FMCSR <input type="checkbox"/> USCG <input type="checkbox"/> Non DOT <input type="checkbox"/>
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Was your job designated as a safety-sensitive function subject to drug and/or alcohol testing? *YES <input type="checkbox"/> NO <input type="checkbox"/> **What Administrative Authority were you subject to drug and/or alcohol testing for? FMCSR <input type="checkbox"/> USCG <input type="checkbox"/> Non DOT <input type="checkbox"/>

\*\* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 26,000 pounds or more, (2) is designed or used to transport more than 16 passengers (including driver), or (3) is of any size and is used to transport hazardous materials in the quantity requiring placarding.

**Driving Accidents and Violations Record**

<b>Any driving violations or accidents in the past 3 years or <u>DUIs</u> in the last 5 years?</b>	<b>*YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	If <b>yes</b> , please provide complete information for the following:
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**Accident Record** for past 3 years or more (Attach another sheet as necessary.) If none, write *none*.

Date: \_\_\_\_\_ Nature of the Accident: \_\_\_\_\_  
 Additional notes: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of the Accident: \_\_\_\_\_  
 Additional notes: \_\_\_\_\_

Date: \_\_\_\_\_ Nature of the Accident: \_\_\_\_\_  
 Additional notes: \_\_\_\_\_

**Traffic Violations** of which applicant was convicted or forfeited bond or collateral during the past 3 years (excluding parking violations) OR received a **DUI** (Driving Under the Influence) in the last 10 years. If none, write *none*.

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_  
 Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_  
 Date: \_\_\_\_\_ Location: \_\_\_\_\_ Charge: \_\_\_\_\_ Penalty: \_\_\_\_\_  
 Additional notes: \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \*YES  NO   
 Has any license, permit, or privilege ever been suspended or revoked? \*YES  NO

*\*If the answer is yes to either question, please provide details regarding the facts and circumstances:*

\_\_\_\_\_  
 \_\_\_\_\_

**Disclaimer and Signature**

*This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.*

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

**Please send completed applications by mail, fax or e-mail attachment.**