

**EQUAL EMPLOYMENT OPPORTUNITY POLICY**

It is the policy and practice of Chebeague Transportation Company, “the Company”, to abide by all anti-discrimination laws provided for by federal, state and local statutes and regulations. It is also the policy and practice of the Company to provide and promote equal employment opportunities for all applicants and employees. It is also the policy and practice of the Company to recruit, hire, train, promote, compensate and administer all employment practices without regard to race, color, sex (including pregnancy or pregnancy-related medical conditions), affectional or sexual orientation, age, religion, veteran status, liability for military service, whistleblower status, gender identity and/or expression, atypical cellular or blood trait, genetic information (including the refusal to submit to genetic testing or make available the results of a genetic test or on the basis that an individual received a genetic test or genetic counseling), national origin, ancestry, nationality, creed, citizenship, alienage, marital or domestic partnership or civil union status, mental or physical disability or any other characteristic protected under federal, state or local law and to affirmatively seek to advance the principles of equal employment opportunity. Furthermore, the Company is committed to complying with the Americans with Disabilities Act and similar state laws.

*If you believe that you need a reasonable accommodation in order to apply for or to complete an application for employment due to the fact that you may have a disability, please notify the Company within three days of your application of your specific needs for a reasonable accommodation so that the Company can assist you where appropriate. If an applicant requests an accommodation for purposes of completing the job application process, the Company reserves the right to require the applicant to furnish documentation from an appropriate professional (such as a doctor, rehabilitation counselor or the like) confirming that the applicant has a disability or the functional limitations for which a reasonable accommodation is requested.*

Date \_\_\_\_\_

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

Present Address \_\_\_\_\_  
Street Address

City State Zip Code

Home Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

Email Address \_\_\_\_\_

If hired, on what date would you be available to start? \_\_\_\_\_

Are you 18 years or older?  Yes  No

Are you currently authorized to work in the United States?  Yes  No

If you hold a visa, for what amount of time will it allow you to work in the United States? \_\_\_\_\_

Will you now or in the future, require sponsorship for United States employment visa status?

Yes  No  Not Applicable

List any special skills you have. Please indicate skill level.

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### Educational Background

Type of School	Name and Address	# Years Complete	Graduated	Course or Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever worked under a different name?  Yes  No

If yes, what name? \_\_\_\_\_

If required for the job, do you have a valid driver's license?  Yes  No  N/A

If yes, what is your driver's license number? \_\_\_\_\_

If required for the job, do you have a valid Merchant Mariners Credential with at least a 100 ton Master of Self Propelled Vessels endorsement?  Yes  No  N/A

**Prior Work History** (Please indicate most recent first)

Employer's Name	Dates of Employment	To
Address (street, city, state, zip code)	Telephone	
Type of Business		
Title, Duties & Responsibilities		
Supervisor (name, title & telephone number)	May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specific Reason for Leaving		

Employer's Name	Dates of Employment	To
Address (street, city, state, zip code)	Telephone	
Type of Business		
Title, Duties & Responsibilities		
Supervisor (name, title & telephone number)	May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specific Reason for Leaving		

Employer's Name	Dates of Employment	To
Address (street, city, state, zip code)	Telephone	
Type of Business		
Title, Duties & Responsibilities		

Supervisor (name, title & telephone number)	May we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Reason for Leaving	

YOU MAY SUBMIT ADDITIONAL PAGES TO SUPPLEMENT YOUR PRIOR WORK HISTORY

**Professional References (Excluding Relatives)**

Name	Occupation	Address	Telephone
1.			
2.			

Please include here any other information regarding any job-related skills you have, which you think would be helpful to us in considering you for employment.

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How did you hear of us?     Referral     Advertisement     Other

**APPLICANT: PLEASE READ CAREFULLY BEFORE AGREEING TO THE FOLLOWING**

I hereby certify that the facts set forth above in my application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any omissions or false or misleading statements in this application or in interviews or other aspects of the hiring process may result in my disqualification from further consideration for employment or, if discovered after hire, such information may be grounds for the immediate termination of my employment.

I understand that employment and continued employment with the Company is contingent upon satisfactory consumer reports and criminal background checks. I authorize the Company to investigate, verify and discuss all information set forth in my employment application, by contacting my prior employers, colleagues, educational institutions and other references set forth above and by any and all other means authorized or permitted by law, including any consumer reports and criminal background checks. I authorize any entity or person named in this application to provide the Company with any and all information in their possession, custody or control regarding me, whether or not it is in their records and to provide the Company with information that may be requested by the Company to arrive at an employment decision. I hereby release and agree to hold harmless the Company and its subsidiaries and affiliates and each and all of their respective employees, agents and representatives, from any and all claims, liability or damages that may arise as a result of taking any actions described herein. In addition, I hereby release and agree to hold harmless any and all individuals and entities that provide any information concerning me whether orally or in writing, in response to a request for such information from the Company.

I understand that offers of employment with the Company are contingent upon my passing pre-employment testing, which may include testing for the presence of illegal drugs in my system, in accordance with applicable law.

I understand that a medical examination may be required to verify fitness to work after a job offer has been extended but prior to beginning work. Offers of employment are contingent upon passing the pre-employment testing.

If I am employed by the Company, I promise to comply with all policies, rules and regulations implemented by the Company as set forth in the Company's code of conduct, employee handbook or other communications distributed to employees.

I understand that regular timely attendance is an essential function of every position with the Company. I certify that I will be able to perform this essential function if I am selected for a position with the Company.

I understand and agree that if I am hired my employment with the Company will be terminable "at will." As an at-will employee, I understand and agree that I have the right to terminate my employment with the Company at any time, for any reason, with or without notice, with or without cause and that the Company retains the same rights. If I am hired, I understand that all benefits, policies, procedures and other terms and conditions of employment may be changed by the Company at any time, for any reason, with or without notice. I understand that this application form, any and all policies, practices and procedures of the Company and all other communications provided or distributed to me by the Company, whether written or verbal, before hire or after I am employed, do not constitute or supplement any contract of employment. I further understand that no manager, supervisor or employee of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement for employment other than at-will employment. Only the president of the Company has the authority to make any such agreement and then only in writing.

I understand that if I am hired, I must be able to furnish proof of my identity and eligibility to work in the United States within 72 hours of employment (using forms of document deemed acceptable by the U.S. Citizenship and Immigration Services). I understand that failure to provide such proof of identity and employment authorization will result in my immediate discharge.

I understand that this application will be active only for the position for which I am currently applying. If I would like to be considered for other positions, I understand that I must submit a separate application for those positions.

By signing below, I hereby acknowledge that I have read, agree to and accept the above terms and statements.

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Signature

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Date