



2017 Supplemental Application for Employment

Date: \_\_\_\_\_

This supplemental information is required from applicants for Van Driver or Boat Captain or Positions.

Applicant Information

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

List your physical addresses for the past 3 years:

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

Certifications and Licenses

States Licensed In (Within 5-Year Period): \_\_\_\_\_ Date(s) requested: \_\_\_\_\_

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

Do you have a current Captain's License? YES\* [ ] NO [ ] \*Yes: See Part B, 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: \_\_\_\_\_

Note that your CDL medical certificate must be maintained on file with the DMV.

Additional Notes: \_\_\_\_\_

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: \_\_\_\_\_

Local marine operation experience: YES [ ] NO [ ] How many years: \_\_\_\_\_

Whale-watching/Charter boat 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** (Relating to **CDL/Captain**), 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: You must sign a Release of Information Request Form for **each** safety-sensitive position indicated.  
(Release of Information Request Forms for CDL Employer & Marine Employer available from ABAK Office)*

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  NO   
 \*What Administrative Authority were you subject to drug and/or alcohol testing for? FMCSR  USCG  Non DOT

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  NO   
 \*What Administrative Authority were you subject to drug and/or alcohol testing for? FMCSR  USCG  Non DOT

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  NO   
 \*What Administrative Authority were you subject to drug and/or alcohol testing for? FMCSR  USCG  Non DOT

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: ( ) -  
 Job Title: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: ( ) -  
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 Responsibilities: \_\_\_\_\_

Was your job designated as a safety-sensitive function subject to drug and/or alcohol testing? \*YES  NO   
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 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  NO   
 \*What Administrative Authority were you subject to drug and/or alcohol testing for? FMCSR  USCG  Non DOT

**\*\* 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

Any <u>driving violations or accidents</u> in the past 3 years <b>or</b> <u>DUIs</u> in the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If <b>yes</b> to any <b>driving violations or accidents</b> 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: \_\_\_\_\_

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 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 5 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 e-mail to [info@beyondak.com](mailto:info@beyondak.com)

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