



## GOLDING BARGE LINE

101 Lee Street • Vicksburg, Mississippi 39180  
601-629-9800 • Fax 601-629-6440

### Employment Application

Golding Barge Line, Inc. (GBL) is a Marine Transportation Company operating tank barges and towing vessels. Our operations are based in Vicksburg, MS and our tows operate on the Inland Waterways.

### Hiring Goals

Our goal is to hire motivated and qualified personnel who are interested in growth and advancement opportunities within the Marine Industry.

Previous experience in Decking, Tankering, and in the Pilot House are desirable, however GBL is committed to give worthy employees an opportunity to gain experience in the necessary decking skills such as securing barges and making tow, the capability to assist and to become a licensed tankerman, to transfer liquid cargoes between barges and dock facilities, and the ability to navigate the river as a licensed steersman and pilot, to those with the desire and dedication towards safety and job excellence.

### Notice of Required Documents

All individuals selected for a personal interview should bring with them to the interview, **originals** of the following documents: Individuals sending in applications should include copies of these documents with their application.

- Social Security card
- Drivers License – **Applicant must have and maintain a valid drivers license as terms of employment**
- Birth Certificate
- All United States Coast Guard Documents

NAME	POSITION APPLYING FOR	DATE
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**PERSONAL INFORMATION**

<b>NAME</b>	<b>EMAIL ADDRESS</b>	<b>APPLICATION DATE</b>
<b>PRESENT ADDRESS:</b> (STREET, CITY, STATE, ZIP)		<b>PHONE NUMBER</b>
<b>PERMANENT ADDRESS:</b> (STREET, CITY, STATE, ZIP)		<b>PHONE NUMBER</b>
<b>SOCIAL SECURITY NUMBER:</b>	<b>DATE OF BIRTH:</b>	
<b>DRIVERS LICENSE NUMBER:</b>	<b>EXPIRATION DATE:</b>	
<b>CONTACT IN CASE OF EMERGENCY</b>	<b>RELATION</b>	<b>PHONE NUMBER</b>

**EDUCATION AND TRAINING**

**GRADE / HIGH SCHOOL:** (Check one)    6   7   8   9   10   11   12   GED

<b>TECHNICAL SCHOOL</b>	<b>DESCRIPTION</b>	<b>DATES ATTENDED</b>

**VOCATIONAL TRAINING    AND/OR OTHER TRAINING**

<b>SCHOOL</b>
<b>COURSE NAME</b>
<b>DATE COMPLETED</b>
<b>AWARDS, CERTIFICATES, OR SPECIAL TRAINING</b>

**PERSONAL DATA QUESTIONNAIRE**

<b><u>Certification</u></b>		<b>YES/NO</b>
<b>1</b>	DO YOU HAVE AN ORIGINAL BIRTH CERTIFICATE OR CERTIFIED COPY?	
<b>2</b>	ARE YOU AT LEAST 18 YEARS OLD?	
<b>3</b>	DO YOU HAVE AN ORIGINAL SOCIAL SECURITY CARD?	
<b>4</b>	DO YOU HAVE A VALID DRIVERS LICENSE?	
<b><u>Offences and Violations</u></b>		<b>YES/NO</b>
<b>5</b>	DO YOU HAVE MORE THAN 2 TRAFFIC TICKETS WITHIN THE LAST 3 YEARS	
<b>6</b>	DO YOU HAVE ANY TRAFFIC TICKETS FROM ANOTHER STATE	
<b>7</b>	HAVE YOU HAD A DWI IN THE LAST 5 YEARS? WHEN?	
<b>8</b>	HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR IF YES, PLEASE EXPLAIN	
<b>9</b>	HAVE YOU EVER BEEN CONVICTED OF A FELONY IF YES, PLEASE EXPLAIN	

<b>10</b>	ARE YOU CURRENTLY ON PROBATION OR HAVE ANY CHARGES PENDING? IF YES, PLEASE EXPLAIN	
<i>Work Issues</i>		<i>YES/NO</i>
<b>11</b>	ARE YOU CURRENTLY WORKING?	
<b>12</b>	WILL YOU HAVE TO GIVE A 2-WEEK NOTICE?	
<b>13</b>	HAVE YOU EVER WORKED AWAY FROM HOME FOR EXTENDED PERIODS?	
<b>14</b>	ARE YOU WILLING TO WORK 30 DAYS AWAY FROM YOUR FAMILY?	
<b>15</b>	CAN YOU WORK OUTDOORS IN ADVERSE WEATHER CONDITIONS?	
<b>16</b>	CAN YOU PASS A DRUG AND ALCOHOL TEST?	
<b>17</b>	CAN YOU SWIM?	
<i>USCG License Criteria</i>		<i>YES/NO</i>
<b>18</b>	ARE YOU COLOR BLIND?	
<b>19</b>	DO YOU HAVE 20/20 TO 20/40 VISION?	
<b>20</b>	ARE YOU HEARING IMPAIRED OR THINK YOU MAY BE?	
<b>21</b>	HAVE YOU WORKED FOR A DEPARTMENT OF TRANSPORTATION EMPLOYER WITHIN THE PAST TWO YEARS? ( TRUCKING OR RAIL ) IF YES, PLEASE LIST NAME THE OF THE COMPANY AND THE DATE OF EMPLOYMENT <b>COMPANY:</b> _____ <b>DATE:</b> _____ <b>CONTACT:</b> _____	

## United States Coast Guard Requirements

The United States Coast Guard regulates the marine industry and its rules and regulations must be met. GBL has developed specific operating procedures to keep our vessels and crew in compliance.

Initially, you will be given training in company policies and procedures through our orientation program, and hands-on training aboard a barge and towboat. At all times safety will and must take priority for all crew members. Upon recommendation by the captain and based on the business demand, deckhands will be trained as Tankermen to transfer liquid cargoes aboard our barges.

After you have been successfully trained to transfer liquid cargoes, Golding Barge Line, Inc., will submit your application for a Tankerman-“Person in Charge of the Barge” document to the United States Coast Guard for approval. Upon submission, the United States Coast Guard will review your criminal history and conduct extensive background checks using government agency databases prior to approving your application. Previous convictions for any offense greater than a speeding ticket will show up and be reviewed by the USCG.

# EMPLOYMENT HISTORY

START WITH MOST CURRENT EMPLOYER

<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>JOB TITLE</b>		<b>SUPERVISOR</b>
<b>DATES</b>	<b>MONTH:</b> <b>YEAR</b>	<b>TO</b> <b>MONTH:</b> <b>YEAR</b>
<b>SALARY</b>	<b>STARTING</b>	<b>ENDING</b>
DESCRIBE MAJOR DUTIES AND REASON FOR LEAVING:		

<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>JOB TITLE</b>		<b>SUPERVISOR</b>
<b>DATES</b>	<b>MONTH:</b> <b>YEAR</b>	<b>TO</b> <b>MONTH:</b> <b>YEAR</b>
<b>SALARY</b>	<b>STARTING</b>	<b>ENDING</b>
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<b>SALARY</b>	<b>STARTING</b>	<b>ENDING</b>
DESCRIBE MAJOR DUTIES AND REASON FOR LEAVING:		

**PREVIOUS MARINE EXPERIENCE AND DOCUMENTATION**

( IF YOU HAVE NO PREVIOUS EXPERIENCE, PLEASE OMIT THIS PAGE )

**TRAINING**

<b>TRAINING IN ANY OF THE FOLLOWING:</b>			<b>WHEN AND WHERE</b>
FIRST AID / CPR	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
FIRE FIGHTING	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
VAPOR RECOVERY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HAZARDOUS MATERIALS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
H2S	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
BENZENE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
VESSEL SECURITY	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**TANKERING / DECK EXPERIENCE**

	<b>DOCUMENT #</b>	<b>RATING (GRADE)</b>	<b>EXP. DATE &amp; LOCATION</b>
<b>US COAST GUARD</b>			
MMD TANKERMAN PIC			

<b>EXPERIENCE IN ANY OF THE FOLLOWING:</b>			<b>TYPES OF CARGO</b>
SPLIT CARGO	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
CHEMICALS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HOT OIL	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
TANDEM BARGES	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
CLEAN PETROLEUM PROD.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**VESSEL OPERATORS**

<b>USCG DOCUMENT</b>	<b>DOCUMENT NUMBER</b>	<b>DATE OF ISSUE</b>	<b>EXPIRE DATE</b>	<b>ISSUE LOCATION</b>
<b>RADAR ENDORSEMENT</b>		<b>EXPIRES:</b>		
<b>FCC RADIO LICENSE #:</b>		<b>ISSUE DATE:</b>		

<b>EXPERIENCED ROUTES:</b>	<b>From Mile</b>	<b>To Mile</b>	<b>Times</b>	<b>Company</b>
UPPER MISSISSIPPI RIVER :				
LOWER MISSISSIPPI RIVER :				
ATCHAFALAYA RIVER :				
INTRACOASTAL WATERWAY				
WARRIOR RIVER :				
MISSOURI RIVER :				
OHIO RIVER :				
CUMBERLAND RIVER :				
ILLINOIS RIVER :				
TENNESSEE RIVER :				
TENN - TOM RIVER :				
OUACHITA RIVER:				
ARKANSAS RIVER				
OTHER:				

<b>WHAT SIZE VESSEL AND TOW DO YOU HAVE THE MOST EXPERIENCE WITH AND ON WHAT RIVERS?</b>				
<b>LENGTH:</b>	<b>WIDTH:</b>	<b>HP:</b>	<input type="checkbox"/> UNIT TOWS <input type="checkbox"/> LINE HAUL <input type="checkbox"/> DRY CARGO <input type="checkbox"/> LIQUID	

**PROBATIONARY STATUS OF NEW EMPLOYEES**

Your first ninety (90) days of employment with Golding Barge Line, Inc., will be considered a probationary or trial period. This 90 day period will give you the opportunity to decide whether you like working with GBL and will give us the opportunity to determine if your work measures up to our standards. At any time, should we decide that your work habits or performance do not meet our standards, we may discharge you from employment. Likewise, should you decide to resign, you may do so at any time without any negative effect on your employment record.

**AT-WILL EMPLOYMENT STATUS**

Keep in mind that the policies and procedures set forth by Golding Barge Line, Inc., may be changed at any time. Moreover, the Employment Application should not be interpreted in any way to be an employment contract since your employment is "at-will." The term "at-will" means that either you or GBL has the right to end your employment at any time with or without cause. The Probationary Period discussed above has no effect on your at-will status. Therefore, either before, during or after the Probationary Period, your at-will status remains unchanged and in no way affects either our right or your right to terminate our work relationship at any time either with or without cause.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**MEDICAL INFORMATION RELEASE**

In connection with an offer of employment, Golding Barge Line, Inc., may request a post-job offer medical inquiry and/or examination for purposes of establishing and verifying the performance of essential job-related functions, with and without reasonable accommodations. I authorize and request all healthcare providers or hospitals to release said information for verification of a post-job offer medical inquiry, if required, to GBL, its designated representatives, or its healthcare provider.

I understand and agree that at a post-job offer medical inquiry, I may be required to take a "fitness for duty" exam when there is a need to determine whether I am still able to perform the essential functions of the job, and based on that understanding, I hereby release and hold harmless GBL, its officers, directors, employers, agents and assigns for my death, any personal injury or illness resulting from, arising out of, or incurred during such test, without regard to the causes thereof or GBL's negligence, whether sole, joint, concurrent, active or passive.

I authorize a photocopy (or a facsimile "FAX") of this Medical Information Release to be considered as effective and valid as the original. All results will be proprietary, will be kept confidential, and will not be provided to any parties other than the Company or its legal representatives, unless required to do so by court order or subpoena. I voluntarily waive all recourse against and hereby release the requested parties from liability for complying with this Medical Information Release.

The Company's retrieval and usage of this information will comply with applicable laws, rules and regulations. GBL is an Equal Opportunity Employer and does not discriminate based upon race, color, gender, national origin, religion, age or disability.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONSENT TO DRUG AND ALCOHOL TESTING**

I understand and agree that prior to employment and /or during the course of my employment, I may be required to submit to tests to determine alcohol or drug use (included but not limited to breathalyzer, urinalysis, hair test, and/or blood tests), and I hereby release from all liability any clinics, doctors, nurses or contractors who conduct such tests. I consent to the taking of such tests as directed by Golding Barge Line, Inc., and I further consent that the results of any such tests may form the basis for withdrawal of any offer or for my termination, if hired.

I authorize a photocopy (or a facsimile "FAX") of this General Release to be considered as effective and valid as the original. All results will be proprietary, will be kept confidential, and will not be provided to any parties other than the Company, its legal representatives, or government agencies or other prospective employers as required by law, court order or subpoena. Specifically, positive drug tests of individuals licensed by the Coast Guard will be reported to the Coast Guard. I voluntarily waive all recourse against and hereby release the requested parties from liability for complying with this General Release

**I understand and agree that if I (1) fail a chemical test for controlled substances, (2) fail a breath alcohol test or (3) refuse to participate in a company conducted pre-employment, random, reasonable cause, or post accidental test, I will be reported to the United States Coast Guard Officer in Charge, denied employment as a crew member and subjected to suspension revocation proceedings according to United States Coast Guard Policy. I further understand and agree to hold harmless GBL, its employees, agents, and assigns from any action taken against my License, Certificate of Registry, or Merchant Mariner's Document as a result of my refusal of positive test results.**

GBL's retrieval and usage of this information will comply with applicable laws, rules, and regulations. GBL is an Equal Opportunity Employer and does not discriminate based upon race, color, gender, national origin, religion, age or disability.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONSENT TO BACKGROUND CHECK**

In connection with my application for employment with Golding Barge Line, Inc., I hereby make the following representations: I fully understand and consent to the provisions of this Consent for Background Check which authorizes that the Company may now or at any time while I am employed, conduct a public record(s)/ research report containing information for verification of prior employment, academic achievement, use of a motor vehicle, criminal convictions, general background and personal character, and obtain a Consumer Report and /or Consumer Investigation Report from a Consumer Reporting Agency. A Consumer Report may include, but is not limited to, information relating to credit standing, character, general reputation, personal characteristics and medical information. I authorize and request all persons, schools, business, corporations, courts, law enforcement agencies, armed forces, employment commissions, and all government agencies to release said information without restriction or qualification.

I authorize a photocopy (or a facsimile "FAX") of this Consent to Background Check to be considered as effective and valid as the original. All results will be proprietary, will be kept confidential, and will not be provided to any parties other than the Company, or its legal representatives. I voluntarily waive all recourse against and hereby release the requested parties from liability for complying with this General Release.

GBL's retrieval and usage of this information will comply with applicable laws, rules, and regulations. You may submit a written request for disclosure of the nature and scope of this background investigation. You may also request a copy of a written summary of the rights of the consumer under the Fair Credit Reporting Act. GBL is an Equal Opportunity Employer and does not discriminate based upon race, color, gender, national origin, religion, age or disability.

I release the GBL and its respective officers, directors, employees, agents, and assigns from any and all liability arising out of the investigation, the preparation and the disclosure (to the Company or its authorized representatives) of any reports concerning myself, or my background.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CERTIFICATIONS AND AUTHORIZATIONS

(Read the following carefully)

I declare that the answers to the questions on this application and related paperwork which are a part of this application package and any attachment to the same, are true and complete and that and misstatement(s) of fact(s), or omission(s) in this application in the sole discretion of GBL may form the basis for rejection of my application, withdrawal of any offer/or is cause for termination from Golding Barge Line, Inc.

**I understand and agree that if employed, my employment will be an indefinite period of time, and that I may terminate my employment at any time for any reason, and that the Company may do likewise; and my employment shall be considered “at-will” and that any salary figures discussed on an annual or monthly basis in no manner creates a contract of employment or alters my “at-will” status; I further understand that no representative of the Company has authority to enter into any agreement to the contrary, unless such an agreement is in writing and signed by the President or Vice Presidents of the Company. This provision and agreement shall apply regardless of any other Company policies, procedures or manuals.**

I authorize the Company to investigate the information contained in this application; I further authorize the former employers listed to give the company and its representatives any and all information concerning my previous employment, and I release the Company, it’s officers, directors, employees, agents and assigns from any and all arising out of this investigation or as a result of such disclosures. I understand that an investigation may be made whereby information is obtained through personal interviews with neighbors, friends, and others with whom you are acquainted, and that such inquiry may include information as to my character, general reputation, and personal characteristics or mode of living, which will be used for employment purposes. I understand I have the right to make a written request within a reasonable period of time for a disclosure concerning the nature and score of this investigation.

**I have read, understood and signed the Medical Information Release, Consent to Drug and Alcohol Testing, and Consent to Background Check.**

If employed, I agree to allow the Company to deduct from my wages any monies owed to GBL for tools, equipment, uniforms, licensing fees, travel, car rental, birth certificates, fines assessed and/or wage advances. I consent to GBL deducting from my first check all reproduction costs incurred on producing required documents for licensing. I further agree that if I am not permitted to attend orientation class or board a GBL vessel due to failure to comply with the requirement to produce required documents, my travel cost to return home will be at my own expense.

I understand that this application will be active for only sixty (60) days from the date below. After sixty (60) days, I understand that I must renew my application in order for it to be considered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant’s Signature

# HIPPA AUTHORIZATION FORM

I hereby authorize use or disclosure of protected health information about me as described below:

1. The following specific person or class of persons or facility is authorized to make the requested use or disclosure:

***GOLDING BARGE LINE, INC.***

2. The following person or class of persons may receive disclosure of protected health information about me:

His/her/its name is: ***GOLDING BARGE LINE, INC.***

3. The specific information that should be disclosed is:

***ANY HISTORY OF MEDICAL RECORDS TO DATE***

4. I understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal privacy regulations.

5. I may revoke this authorization by notifying ***GOLDING BARGE LINE, INC.*** in writing of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions. I understand that the medical provider to whom this authorization is furnished may not condition its treatment of me on whether or not I sign the authorization.

6. This authorization expires ***upon the last day of employment with Golding Barge Line, Inc.***

**THIS FORM MUST BE FULLY COMPLETED BEFORE SIGNING.**

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth and SS#