2 Ferry St. P. O. Box 33 New London, CT 06320



Main Office (4) Fax Number (4) Reservations (4)

(860) 443-7394 (860) 440-3492 (860) 443-5281

An Affirmative Action/Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Date
Name
Address
Social Security noTele. no
Email
Position Applied For: CrewLicensed Position
Date Available to Work
Were you ever employed under a different name
If so, please state name(This information needed for reference purposes only)
Have you ever been employed by Cross Sound Ferry, Inc
If so, state dates of employment
and reason for leaving
Have you previously applied for a position with Cross Sound Ferry Services?
Yes No
If so, state approximate date of application
Are you under 18 years of age If so, state your age

Are you a U.S. Citizen, and do you have the legal right to work in the United States?

Yes No

EDUCATION AND LICENSES

Circle Highest Year Completed:

High School 1 2	3 4College 1 2	3 4	Graduate	1 2 3 4
Name and Location of	High School			
Name and Location of	College			
Course of Study	Major		Degree	
Graduate School				
	/Skills			
Did you serve in the	United States Armed Forces _			
Branch	Rank held at entry	Yes Rank hel		
<u>Licenses Held:</u>	Z Card Food Handler Wiper Oiler Able Body Seaman	Yes Yes Yes	_ No _No _No _No	
Other				

Please state any additional information you feel may be helpful to us in considering your application, such as special skills, talents, any particular experience. (You may omit those which would indicate race, color, religion, sex or national origin).

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EMPLOYMENT EXPERIENCE

Employment experience beginning with most recent position:

1. Name and address of employer:	Date: From To:
	Responsibilities
Position:	
Name of Supervisor	
	Reason for Leaving
2. Name and address of employer:	Date: From To
	Responsibilities
Position	
Name of Supervisor	
	Reason for Leaving
 Name and address of employer: 	Date: From To
	Responsibilities
Position:	
Name of Supervisor	
	Reason for Leaving

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List three references other than relatives or former employers:

Name	
	Occupation
How long have you known this individual?	
Name	
Address	
	Occupation
How long have you known this individual?	
Name	
Address	
	Occupation
How Long Have your known this individual?_	

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PRE EMPLOYMENT STATEMENT

I certify, that the information in this application is correct and complete to the best of my knowledge and belief. I realize that misrepresentation of facts called for on this application will be cause for rejection of this application or dismissal after employment.

If I am hired, I agree to conform to the rules and regulations of Cross Sound Ferry Services, Inc., and understand that my status as an employee shall not create any employment contract or term, express or implied, or limit the reasons for dissolution of the employment relationship. Rather, <u>I</u> <u>understand that my employment relationship with Cross Sound Ferry Services, Inc., will be</u> <u>at will, which means that either one of us can terminate the relationship at any time with or</u> <u>without cause and with or without notice.</u> I understand that no employee without the written approval of the President of the Company or his designee has the authority to enter into any other employment agreement, including one for any specified period of employment.

I hereby give authorization that you may contact my personal, educational and business references, and further it is my understanding that employment is subject to acceptable replies from these references.

Applicant's Signature	Date
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Thank you for applying for employment with Cross Sound Ferry Services, Inc. during the 2019 season. Your application for employment will be carefully considered and selection of applicants for employment during the 2019 season will be made on the basis of applicant's qualifications, experience, and evaluation of any prior service with Cross Sound and the needs of the company.

Any position available is for the 2019 season only, so that if you are selected for the 2019 season and desire a job in 2020, *it will be necessary to re-apply in 2020*.

Decisions regarding seasonal employment are made on a year-to-year basis, so employees selected for the 2018 season should not expect that a job would be available for any subsequent season.

DATE INITIAL

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I consent to undergo a pre-employment physical examination that will include a drug/alcohol screen. In addition, if I am hired, I understand that I may be requested to undergo drug/alcohol screening at such times as deemed desirable in the sole discretion of Cross Sound Ferry Services, Inc. I consent, as a condition of continued employment, to submit to such drug/alcohol screening as requested by Cross Sound Ferry Services, Inc. I hereby authorize the examining physical and any involved laboratories to release the results to all such physical examinations and or drug/alcohol screens to Cross Sound Ferry Services, Inc. and release from any liability to any nature whatsoever all entities or person furnishing such information to Cross Sound. I also agree to release Cross Sound Ferry Services, Inc. its agents and employees of any liability of any nature whatsoever related to the drug/alcohol screen or the use of this drug/alcohol information.

SIGNATURE DATE and