



9810 Littleton Rd.
North Fort Myers, FL 33903
(239) 841-9674

Employment Application

Important Notice and Required Acknowledgements:

Carefully read, initial, and sign this page and the employee acknowledgement page(s) where indicated. Failure to initial, sign and return these completed pages to Crocker Marine Services, Inc. may delay your paychecks. I have been offered this application in my native language.

Please **PRINT** all information with FULL NAME as it appears on your Social Security Card.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date of Birth: _____ Social Security No.: _____ Gender: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have a valid Florida Driver's License? YES NO If no, why? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Emergency Contact

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____



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Terms of Employment

The undersigned employee acknowledges and agrees to the following:

- My employment is at will and may be terminated at any time.
 - It is the intention of both parties to form a long and mutually profitable relationship. However, this relationship may be terminated by either party at any time provided written notice is delivered to the other party.
 - The Employee agrees to return any Employer property upon termination.
- I understand that the first 90 days of employment constitutes as a probationary period. During this time, I understand I am not eligible for paid time off or other benefits. During this time, Crocker Marine Services, Inc. also exercises the right to terminate employment at any time without advanced notice.
 - Following the probationary period, the Employee shall be eligible for the following paid time off:
 - 40 hours for Vacation Time
- I agree that if at any time during my employment I am subjected to any type of discrimination, including discrimination because of race, sex, harassment of any type, disability, color, age, national origin, religion, veteran status, or union status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact my supervisor or human resources at (239) 841-9674 in order to obtain assistance with resolving such matters.
- I understand that I must immediately report any injury I sustain while on the job, regardless of how minor. I must report the injury to my direct supervisor and to the Risk Management Department by calling (239) 841-9674, failure to do so could affect my Worker's Compensation Benefits.
- I acknowledge that Crocker Marine Services, Inc is a Drug Free Workplace and that I may be required to take an alcohol/drug test following a workplace accident or based upon "For Cause" reasons. I confirm I have received a copy of the drug free workplace policy and I will contact Crocker Marine Services, Inc. at (239) 841-9674 with any questions.
- I understand that a Criminal Background and Motor Vehicle/Driver's License check will be completed by Crocker Marine Services, Inc. within the first 3 days of my employment.
- I understand that Crocker Marine Services, Inc. is required to complete E-Verify verification and I have completed the Form I-9 to the best of my abilities.
- Non-Competition and Confidentiality: As an Employee, you will have access to confidential information that is the property of Crocker Marine Services, Inc. You are not permitted to disclose this information outside of the Company.
 - During your time of Employment with the Employer, you may not engage in any work for another Employer that is related to or in competition with Crocker Marine Services, Inc. You will fully disclose to your Employer any other Employment relationships that you have, and you will be permitted to seek other employment provided that (a.) it does not detract from your ability to fulfill your duties, and (b.) you are not assisting another organization in competing with the employer.
 - It is further acknowledged that upon termination of your employment, you will not solicit business from any of the Crocker Marine Services, Inc. clients for a period of at least 6 months.



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Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

If yes, please provide your Supervisors Name & Phone #

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

Disclaimer and Signature

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party. Additionally, Background / DMV / Felony Convections will be checked. After 90 days of employment Health Benefits will be offered as well as one (40) Hour's vacation time.

Signature: _____ Date: _____



Drug and Alcohol Abuse Policy

Overview:

Being under the influence of alcohol or drugs can seriously impair an individual's judgement and reactions leading to an increased risk of accidents and injuries occurring. Alcohol and drug abuse problems can also have a detrimental effect on work performance and behavior.

The aim of this policy is to ensure the safety of all employees, contractor and visitors by having clear rules in place regarding use and possession of alcohol and drugs, and to support those who have reported a problem with alcohol or drug dependence.

For the purpose of the policy, alcohol dependence is defined as:

"The habitual drinking of intoxicating liquor by an employee, whereby the employee's ability to perform his/her duties is impaired or his/her attendance at work is interfered with, or he/she endangers the safety of others".

Drug dependence is defined as:

"The habitual taking of drugs by an employee other than drugs prescribed as medication, whereby the employee's ability to perform his/her duties is impaired, or his/her attendance at work is interfered with, or he/she endangers the safety of others".

1. Whenever employees are working, are operating any Crocker Marine Services, Inc. vehicle, are present on Crocker Marine Services, Inc. premises or are conducting company-related work offsite, they are prohibited from:
 - a. Using, possessing, buying, selling, manufacturing, or dispensing an illegal drug (to include possession of drug paraphernalia).
 - b. Being under the influence of alcohol or an illegal drug as defined in this policy.
 - c. Possessing or consuming alcohol.
2. The presence of any detectable amount of any illegal drug, illegal controlled substance or alcohol in an employee's body system, while performing company business or while in a company facility, is prohibited.
3. Crocker Marine Services, Inc. will also not allow employees to perform their duties while taking prescribed drugs that are adversely affecting their ability to perform their job duties safely and effectively. Employees taking a prescribed medication must carry it in a container labeled by a licensed pharmacist or be prepared to produce the container if asked.
4. Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.



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Periodic Drug Testing:

Periodic drug testing of current employees may be required by the company at the discretion of management, on a location by location and/or random basis, except where prohibited by law.

“For-Cause” Drug Testing:

“For Cause” testing for alcohol and/or drugs may be conducted whenever management has information about an employee’s conduct that would cause a reasonable person to believe the employee is demonstrating signs of impairment due to alcohol or drugs or has used alcohol or drugs while on company property or while on the job.

Post-Accident Drug Testing:

To ensure that your workplace is a drug-free environment and to deter the use of drugs and alcohol at the workplace, if management, in its own judgement, believes it has reason to suspect that an on-the-job injury was occasioned primarily by the intoxication of the employee or by the use of any drug, you may be required to submit to a test for the presence of any or all drugs or alcohol in your system. If you refuse to submit to a post-accident drug test requested by management, management shall presume in absence of clear and convincing evidence to the contrary that your work-related injury was occasioned primarily by the influence of drugs or alcohol.

Prohibited Behavior:

Employees in violation of provisions of this Drug and Alcohol Abuse Policy are subject to corrective action and/or termination of employment.

Violations of this Drug and Alcohol Abuse Policy include:

- The unlawful manufacture, distribution, use, possession or sale of illegal drugs, drug paraphernalia, or alcohol while on the job, on company property or in company vehicle.
- Testing positive for drugs or alcohol use.
- Refusing to promptly consent to or cooperate with a drug or alcohol test requested by management or an authorized representative of management.
- Failure to report to Supervisor use of prescription medication which the employee believes or has been informed by a physician or pharmacist may present a safety risk.

I fully understand and agree to the terms and conditions listed above:

Employee Printed Name

Employee Signature

Date