



## EMPLOYMENT APPLICATION

DATE: \_\_\_\_\_

### PERSONAL INFORMATION

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

Address: \_\_\_\_\_  
Number Street Apartment  
\_\_\_\_\_ City State Zip Code

Telephone Number: \_\_\_\_\_  
Home Phone Mobile Phone Email Address

Social Security Number: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No  
Driver's License No. \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Operator  Commercial (CDL)  Chauffeur

Have you had any accidents during the past 3 years?  Yes  No If yes, explain \_\_\_\_\_

Have you had any moving violations during the past 3 years?  Yes  No If yes, explain \_\_\_\_\_

What is your means of reliable transportation? \_\_\_\_\_

Are you a US Citizen?  Yes  No

Do you have a valid U.S. passport?  Yes  No

If yes, provide passport number? \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Employment Desired:  Full-Time Only  Part-Time Only  Full or Part-Time

Date Available for Work? \_\_\_\_\_

Applicant Initials \_\_\_\_\_

**PERSONAL INFORMATION CONTINUED**

Have you ever been in the armed forces?  Yes  No

If yes, what branch? \_\_\_\_\_

Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

DD- 214?  Yes  No

Rank at discharge? \_\_\_\_\_

Have you ever been arrested and/or convicted of a crime?  Yes  No

If yes, explain number of arrests/conviction, nature of offense leading to arrest/conviction, how recently such offense were committed, sentence, prison time and/or parole, and type of rehabilitation.

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

School	Name & Address	No. of Yrs. Completed	Major/Degree/GPA
High School			
College or University			
Bus. Or Trade School			
Professional School			

**MARITIME TRAINING**

Type of Training	Training Provider	Date Started & Completed

\*If training was done evidence must be provided (documents, certificates)

**EMPLOYMENT HISTORY**

List below all present and past employment for the past 10 years starting with your most recent employer. Account for all periods of unemployment. **You must complete this section even if your resume is attached.**

If you are currently employed, may we contact your employer?       Yes       No

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment:    Start: \_\_\_\_\_ To: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List the jobs you held, equipment operated, duties performed, skills used or learned, advancements or promotions while you worked at this company. \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment:    Start: \_\_\_\_\_ To: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List the jobs you held, equipment operated, duties performed, skills used or learned, advancements or promotions while you worked at this company. \_\_\_\_\_

Applicant's Initials: \_\_\_\_

**EMPLOYMENT HISTORY CONTINUED**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: Start: \_\_\_\_\_ To: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List the jobs you held, equipment operated, duties performed, skills used or learned, advancements or promotions while you worked at this company. \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Dates of Employment: Start: \_\_\_\_\_ To: \_\_\_\_\_

Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List the jobs you held, equipment operated, duties performed, skills used or learned, advancements or promotions while you worked at this company. \_\_\_\_\_

Note: Attach additional page(s) if necessary. If extra pages attached, check here.

**REFERENCES**

List below two business references NOT related to or living with you who have knowledge of your work performance. Domestic Partners and/ or Significant Others are considered relatives and should not be listed.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**PREVIOUS ADDRESSES**

List all previous addresses that you have resided in the last 10 years. Failure to do so will void application.

Address: \_\_\_\_\_

Number Street Apartment

City State Zip Code

Address: \_\_\_\_\_

Number Street Apartment

City State Zip Code

Address: \_\_\_\_\_

Number Street Apartment

City State Zip Code

## APPLICATION WAIVER FORM

\*Read Carefully

In consideration of my job application by GULF RESOURCE MANAGEMENT (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between and undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits without prior notice.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation(s) or omission of facts called for is cause for dismissal at any time without any previous notice regardless of the time elapsed before discovery. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing during employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations and drug screens; and (4) periodic performance evaluations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for the period of sixty (60) days, and further that any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

## PRE-EMPLOYMENT ASSESSMENT

As a condition of employment Gulf Resource Management, Inc. requires all new employees to take and pass a physical exam, drug screen, background check after being accepted for employment. The examination must be performed by a physician and /or clinic approved by Gulf Resource Management, Inc.

To assist the new employee and reduce the financial burden, Gulf Resource Management, Inc. will pay for these examinations and background checks provided the new employee remains employed with Gulf Resource Management, Inc. for at least six (6) months of employment. If the employee quits or is terminated with less than six (6) consecutive months of employment, Gulf Resource Management, Inc. will deduct the cost of the pre-employment physical, drug screen, and background check from the employee's final pay due.

I certify that I have read and understand the Gulf Resource Management, Inc. "Pre-Employment Assessment Policy" and will abide with the policy.

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Applicant's Printed Name

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Applicant's Signature

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Date

## BACKGROUND CHECK DISCLOSURE & AUTHORIZATION

### DISCLOSURE

As part of the employment process, Gulf Resource Management, Inc., (“The Company”), will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

### AUTHORIZATION

During the application process and at any time during the tenure of my employment with the Company, I hereby authorize LexisNexis WorkPlace Solutions Inc., on behalf of the Company to procure a consumer report (know as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living. This report may be compiled with information from credit bureaus, courts of record repositories, departments of motor vehicles, past and present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\*For Identification Purposes Only

**BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION CONTINUED**

**CA, MN, and OK Residents note:** In connection with your application for employment, your consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

YES, I am a California resident and would like a free copy of my investigative consumer report.

YES, I am a Minnesota resident and would like a free copy of my consumer report.

YES, I am a Oklahoma resident and would like a free copy of my consumer report.

**CA Residents please note:** In connection with your application for employment, your credit report may be obtained and reviewed. Under California law, if your credit report is ordered, you have a right to receive a free copy of your credit report by checking the appropriate box below. (Your credit report will be mailed to you either by the relevant credit bureau or the consumer reporting agency above.) Please note that if you elect to receive the entire investigative consumer report, this will include your credit report, if one was ordered.

YES, I am a California resident and would like a free copy of my credit report.

Printed Name \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

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**Employer please note:** If a Minnesota or Oklahoma consumer checks “YES” regarding the consumer report, or if a California consumer checks “YES” regarding the credit report (and you do request a credit report), please fax this form to your LexisNexis service center. If consumer checks “YES” regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report.

Account Number: \_\_\_\_\_

## CALIFORNIA DISCLOSURE

### CALIFORNIA DISCLOSURE

As part of the employment process, Gulf Resource Management, Inc. ("The Company"), will obtain an investigative consumer report. The investigative consumer report may include information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and/or mode of living. The following Consumer Reporting Agency will prepare the report.

**LexisNexis WorkPlace Solutions Inc.**

**Consumer Center**

**P.O. Box 105018**

**Atlanta, GA 30348-5108**

**1-800-845-6004**

California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact LexisNexis during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at LexisNexis's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want LexisNexis to disclose to or discuss your information with this third party, you may be required to provide a written statement granting LexisNexis permission to do so.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification.

LexisNexis has trained personnel to explain any information that is furnished to you and explain any information that is coded.

# Employee Medical History Questionnaire

Answer the following questions by circling either YES or NO.

**FAILURE TO ANSWER TRUTHFULLY MAY RESULT IN FORFEITURE OF YOUR BENEFITS**

1. Have you ever had a disease or disability arising from your occupation?      YES                  NO  
If YES, please explain: \_\_\_\_\_
2. Have you ever received workers' compensation benefits for an injury that occurred at work?      YES      NO  
If YES, when? \_\_\_\_\_  
How long were you on compensation? \_\_\_\_\_  
Name of employer: \_\_\_\_\_  
Nature of injury: \_\_\_\_\_
3. Have you ever been rejected for employment, insurance, or military service because of your health?      YES      NO  
If YES, please explain: \_\_\_\_\_
4. Have you ever had back trouble or injury to your back, head or neck?      YES      NO  
If YES, please explain: \_\_\_\_\_
5. Do you have any restrictions or limitations upon your physical activities?      YES      NO  
If YES, please explain: \_\_\_\_\_
6. What operations, accidents, broken bones, strains or serious illnesses have you had?  
\_\_\_\_\_

Have you had any of the following? Put an "X" in the box for YES. Leave blank for NO.

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Amputation<br>(foot, leg, arm, hand or<br>total loss thereof)                                  | <input type="checkbox"/> Chronic Osteomyelitis<br><input type="checkbox"/> Communicable Disease<br><br><input type="checkbox"/> Compressed Air Sequelae   | <input type="checkbox"/> Hypertension<br><input type="checkbox"/> Ionizing Radiation Injury<br><br><input type="checkbox"/> Kidney Disorder  | <input type="checkbox"/> Psychoneurotic Disability<br>(following treatment in a<br>recognized institution)<br><input type="checkbox"/> Reflex Sympathetic<br>Dystrophy<br><input type="checkbox"/> Repetitive Motion Injury |
| <input type="checkbox"/> Ankylosis of Joints  | <input type="checkbox"/> Diabetes<br><br><input type="checkbox"/> Dizziness   | <input type="checkbox"/> Loss of Hearing (more than<br>75%)<br><input type="checkbox"/> Loss of Sight (of one or both<br>eyes or a partial loss of<br>uncorrected vision)  | <input type="checkbox"/> Residual Disability from<br>Polio<br><input type="checkbox"/> Rheumatism   |
| <input type="checkbox"/> Arteriosclerosis   | <input type="checkbox"/> Double Vision (Blurred<br>Sight)   | <input type="checkbox"/> Loss of Use of Limbs<br><input type="checkbox"/> Mental Disorders   | <input type="checkbox"/> Rotator Cuff Injury<br><input type="checkbox"/> Ruptured Intervertebral<br>Disc  |
| <input type="checkbox"/> Arthritis<br><br><input type="checkbox"/> Asthma<br><input type="checkbox"/> Back/Neck Problem | <input type="checkbox"/> Emphysema or COPD<br><input type="checkbox"/> Epilepsy<br><br><input type="checkbox"/> Head Injury<br><input type="checkbox"/> Heart Condition<br><input type="checkbox"/> Heavy Metal Poisoning | <input type="checkbox"/> Mental Retardation<br><input type="checkbox"/> Multiple Sclerosis<br><input type="checkbox"/> Muscle, Ligament or Tendon<br>Injury<br><input type="checkbox"/> Muscular Dystrophy<br><input type="checkbox"/> Nervous Disorders | <input type="checkbox"/> Silicosis<br><input type="checkbox"/> Spinal Fusion<br><input type="checkbox"/> Stroke   |
| <input type="checkbox"/> Brain Damage<br><input type="checkbox"/> Bronchitis<br><input type="checkbox"/> Cancer         | <input type="checkbox"/> Hemophilia<br><input type="checkbox"/> High/Low Blood Pressure   | <input type="checkbox"/> Numbness of Extremities   | <input type="checkbox"/> Sugar in Urine<br><input type="checkbox"/> Surgical Removal of<br>Intervertebral Disc<br><input type="checkbox"/> Thrombophlebitis   |
| <input type="checkbox"/> Cardiac Disease<br><input type="checkbox"/> Carpal Tunnel Syndrome                             | <input type="checkbox"/> Hodgkin's Disease<br><br><input type="checkbox"/> Hyperinsulinism  | <input type="checkbox"/> Parkinson's Disease   | <input type="checkbox"/> Thoracic Outlet Syndrome   |
| <input type="checkbox"/> Cerebral Vascular<br>Accident<br><input type="checkbox"/> Chronic Headaches                    |   |  |   |

# Employee Medical History Questionnaire

If YES to any previous mentioned conditions, please explain: \_\_\_\_\_

\_\_\_\_\_

7. Do you have any other long-term health problems or adverse physical conditions?    YES    NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

8. List all prescription medication you are currently taking including dosage. Also list any over-the-counter medication.

\_\_\_\_\_

\_\_\_\_\_

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

Name Printed: \_\_\_\_\_ Social Security No. \_\_\_\_\_

# EMPLOYEE JOB DESCRIPTION

Job title           CAPTAIN          

Employee name \_\_\_\_\_

Hours worked per day 12 PER DAY (84 HOURS PER WEEK) OR AS REQUIRED

Description of position's purpose/function

Description of essential job duties SAFE NAVIGATION OF THE VESSEL, MAINTAINING AN ORDERLY DISCIPLINED CREW, CUSTOMER RELATIONS, WATCH STANDING, SHIP MAINTENANCE

Description of marginal job duties CREW ORIENTATION, RECORD KEEPING, CONDUCTING TRAINING AND EMERGENCY DRILLS, COMMUNICATION WITH HEAD OFFICE

## PHYSICAL REQUIREMENTS OF JOB

- Sedentary Work:** Lift 10 pounds maximum. Occasionally carry small objects. Occasional walking.
- Light Work:** Lift 20 pounds maximum. Frequently lift/carry up to 10 pounds. Frequent walking.
- Medium Work:** Lift 50 pounds maximum. Frequently lift/carry up to 25 pounds. Unrestricted walking and standing.
- Heavy Work:** Lift up to 100 pounds maximum. Frequently lift/carry 50 pounds. Unrestricted walking and standing.
- Very Heavy:** Lift in excess of 100 pounds. Frequently lift/carry 50 pounds. Unrestricted walking and standing.

## IN AN AVERAGE WORKDAY, THIS POSITION REQUIRES...

	None	Rarely 0-1 hr.	Occasional 1-3 hrs.	Frequent 3-6 hrs.	Constant 6+ hrs.
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Twisting (at the waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lifting over head 25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pushing/pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross hand manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fine hand manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive use of foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exposure to dust, fumes or gas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Description of safety equipment used in performing job duties: HARD HAT, SAFETY BOOTS, WORK VEST (PFD), SAFETY GLASSES, FACE SHIELD, BODY HARNESS, GLOVES, HEARING PROTECTION, DUST MASK, RESPIRATOR

I have read the above job description and to the best of my knowledge, I am physically and cognitively able to perform the essential job functions outlined. I understand that this job requires me to be away from home, out of sight of land, working in all kinds of weather and conditions, and in confined quarters.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**GRMI Administrator Signature**

\_\_\_\_\_  
**Date**

# EMPLOYEE JOB DESCRIPTION

Job title DECK HAND

Employee name \_\_\_\_\_

Hours worked per day 12 PER DAY (84 HOURS PER WEEK) OR AS REQUIRED

Description of position's purpose/function

Description of essential job duties OFFSHORE MARINE DECK WORK, RIGGING, LINE HANDLING, WATCH STANDING, SHIP MAINTENANCE

Description of marginal job duties SHIP HOUSEKEEPING, DECK HOUSE MAINTENANCE

## PHYSICAL REQUIREMENTS OF JOB

- Sedentary Work:** Lift 10 pounds maximum. Occasionally carry small objects. Occasional walking.
- Light Work:** Lift 20 pounds maximum. Frequently lift/carry up to 10 pounds. Frequent walking.
- Medium Work:** Lift 50 pounds maximum. Frequently lift/carry up to 25 pounds. Unrestricted walking and standing.
- Heavy Work:** Lift up to 100 pounds maximum. Frequently lift/carry 50 pounds. Unrestricted walking and standing.
- Very Heavy:** Lift in excess of 100 pounds. Frequently lift/carry 50 pounds. Unrestricted walking and standing.

## IN AN AVERAGE WORKDAY, THIS POSITION REQUIRES...

	None	Rarely 0-1 hr.	Occasional 1-3 hrs.	Frequent 3-6 hrs.	Constant 6+ hrs.
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Twisting (at the waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lifting over head 25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pushing/pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross hand manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fine hand manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive use of foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exposure to dust, fumes or gas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Description of safety equipment used in performing job duties: HARD HAT, SAFETY BOOTS, WORK VEST (PFD), SAFETY GLASSES, FACE SHIELD, BODY HARNESS, GLOVES, HEARING PROTECTION, DUST MASK, RESPIRATOR

I have read the above job description and to the best of my knowledge, I am physically and cognitively able to perform the essential job functions outlined. I understand that this job requires me to be away from home, out of sight of land, working in all kinds of weather and conditions, and in confined quarters.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**GRMI Administrator Signature**

\_\_\_\_\_  
**Date**

# EMPLOYEE JOB DESCRIPTION

Job title UNLICENSED ENGINEER

Employee name \_\_\_\_\_

Hours worked per day 12 PER DAY (84 HOURS PER WEEK) OR AS REQUIRED

Description of position's purpose/function

Description of essential job duties OFFSHORE MARINE ENGINE ROOM WORK, RIGGING, ASSIST DECK HAND WITH LINE HANDLING AND RIGGIG, WATCH STANDING, SHIP MAINTENANCE

Description of marginal job duties SHIP HOUSEKEEPING, ENGINE ROOM MAINTENANCE

## PHYSICAL REQUIREMENTS OF JOB

- Sedentary Work:** Lift 10 pounds maximum. Occasionally carry small objects. Occasional walking.
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Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Twisting (at the waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lifting over head 25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pushing/pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross hand manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fine hand manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive use of foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exposure to dust, fumes or gas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Description of safety equipment used in performing job duties: HARD HAT, SAFETY BOOTS, WORK VEST (PFD), SAFETY GLASSES, FACE SHIELD, BODY HARNESS, GLOVES, HEARING PROTECTION, DUST MASK, RESPIRATOR

I have read the above job description and to the best of my knowledge, I am physically and cognitively able to perform the essential job functions outlined. I understand that this job requires me to be away from home, out of sight of land, working in all kinds of weather and conditions, and in confined quarters.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**GRMI Administrator Signature**

\_\_\_\_\_  
**Date**