



Love City Car Ferries, Inc.

Application for Employment

Thank you for inquiring about working with Love City Car Ferries, Inc.! We have had people of all ages from diverse backgrounds apply to work with our company. They know that we provide a valuable and necessary service to residents and visitors of the Virgin Islands. This is your chance to become a part of helping Love City Car Ferries, Inc. fulfill its mission and vision.

But first, you must apply; and if you are applying for a crew position, you must submit drug testing results with this application.

Once you have completed this application, please mail, email, or fax to the attention of Human Resources.

Email: info@lovecitycarferries.com

Address: Love City Car Ferries, Inc.
Attn: Human Resources
P. O. Box 12209
St. Thomas, VI 00801

Application Process

You will receive a confirmation by email or telephone when your application is received. Please ensure that you have included your email address or telephone number on the application. If your application is accepted, you will be called for an interview which may be followed by a second screening in the office or on board the vessel. Time on board the vessel is in a voluntary/interview capacity and is not paid time. Applicants for crew positions must sign a Vessel Screening Waiver in order to engage in on board interview.

Applicant's Signature: _____



Crew Application Qualifications

- You must be a minimum of 16 years old
- You must have passed a recent drug test (less than 1 month old)
- You must know how to swim
- You must comply with Love City Car Ferries, Inc.'s "zero tolerance" drug policy and smoking rules
- You must agree to be filmed or photographed for Love City car Ferries, Inc.'s marketing paraphernalia.

Applicant's Signature: _____



Name: _____

Present Address: _____

No. Street City State Zip

Email Address: _____

Are you 18 years of age or over? Yes No Phone No. ____ (____) _____ - _____

Are you a U.S. citizen? Yes No

Do you have a valid captain (USCG approved license)? Yes No

If yes, license number and state _____

EMERGENCY CONTACT

In case of an emergency notify: Name: _____

Address: _____

Phone: ____ (____) _____ - _____

Initial Here: _____



EMPLOYMENT DESIRED

Position: _____ Date you can start: _____

Type of Employment Desired: Part-time Full-time

Were you previously employed by LCCF? Yes No If yes when _____

EDUCATION	Name and Location of School	No. of Years Attended	Graduated? Yes / No	Course Or Major
High School				
College				
Other Education				

Initial Here: _____



List your record of employment beginning with your present or most recent position.

Dates		Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving
From	To				

Describe the work you did:

EMPLOYMENT HISTORY (continued below)

Initial Here: _____



Dates		Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving
From	To				

Describe the work you did:

Dates		Name and Address of Employer	Position	Supervisor's Name and Title	Reason for Leaving
From	To				

Describe the work you did:

Initial Here: _____



May we contact the employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact.

What was your salary/hourly wage at your last place of employment? \$_____

If hired and you are under 18 years of age, we will require, prior to starting work, an Age Certificate or written notification from parent/guardian certifying their knowledge of this application and your intent.

THREE (3) REFERENCES:

THIS AUTHORIZATION PAGE WILL NEED YOUR

HANDWRITTEN

SIGNATURE AND DATE

I authorize LCCF to contact each former employer, firm or corporation. I authorize any of these persons to give all information concerning work-related items and I release all parties from liability for any damage that may result from furnishing same to you.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I also understand that if accepted by LCCF, my employment is voluntarily entered into and I am free to resign at any time. Similarly, LCCF is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract.

Applicant's Signature

Date



VESSEL SCREENING WAIVER

I assume any and all risks associated with vessel screening, the time on board the vessel prior to hiring to gauge aptitude for the position sought, whether on land, at sea, in port, ashore, or in route to or from any location or vessel, in any capacity in which I might serve. I understand that I may volunteer to but I am not mandated to perform safety sensitive tasks.

I agree that I am vessel screening with LOVE CITY CAR FERRIES, INC. entirely upon my own initiative, risk and responsibility. I acknowledge that I am a volunteer not an employee, everything I do during the vessel screening process for LOVE CITY CAR FERRIES, INC. is done as a volunteer, and I expect no wages, payment of any other form of compensation for anything I do for LOVE CITY CAR FERRIES, INC during this vessel screening process.

I agree for myself, my heirs, executors, and administrators, to release, hold harmless, and

forever discharge LOVE CITY CAR FERRIES, INC., its Board members, supporters, vessels, officers and personnel from any and all claims, demands, actions, causes of action, in law, admiralty or equity, on account of my death, or on account of any injury to me or my property, which may occur from any cause whether on land or at sea, in port, ashore, or in route to or from any location or vessel. I take full responsibility for any negligence by me. I agree that I am fully responsible for payment of all medical expenses and other damages arising if I am injured or become ill while volunteering, whether on or off a LOVE CITY CAR FERRIES, INC. vessel.

I acknowledge and understand completely that activity with LOVE CITY CAR FERRIES, INC.,

whether at sea, in port, ashore, or in route to or from any location or vessel, is inherently dangerous, and cannot be made safe even with the exercise of the greatest degree of care. I further acknowledge that the other people on the ship will be employees who although professional mariners, can be expected to make mistakes which may result in injury to me and I will take full responsibility for any injury.

I understand that once I am onboard the ship if I have a question or am uncomfortable, I will address my concerns to an officer of the ship. I agree to follow the orders of the Captain, Officer(s) and/or the Port Manager.

I have read and understand and agree to this release.

Print name: _____

Signature: _____

Date: _____



DO NOT WRITE IN THE SPACE BELOW

Interview by: _____

Date: _____

Hired: Yes _____ No _____

Position _____

Starting Salary/Wage: _____

Dept. _____

Date Reporting to Work _____