



## SUBMITTING YOUR APPLICATION

Thank you for your interest in employment with Alaska Marine Lines. Applications for employment are accepted only for open positions. Vacancies are posted on the Lynden website at [www.lynden.com/employment](http://www.lynden.com/employment)

To be considered an applicant for a position, an Alaska Marine Lines employment application (attached below) must be completed. Resumes will not be accepted unless submitted as a supplement to the completed application.

The employment application contains specific information and instructions. Read each item carefully.

Please complete and return the following:

- AML Employment Application
- Self-Identification Form
- Background Authorization
- Resume, if available

Some of application packet may be completed online prior to printing or may be printed prior to completing in ink. In order to electronically submit the completed portions of the application packet, you will need Adobe Acrobat Reader software which can be download for free at [www.adobe.com](http://www.adobe.com) or please print to paper and complete.

Completed applications must be submitted to Alaska Marine Lines Human Resources by fax, mail, email or in person.

Fax: 206.508.7624

Address: Alaska Marine Lines  
Attn: Bridgette Bell, HR Manager  
5615 W Marginal Way SW  
Seattle, WA 98106

Email: [bbell@lynden.com](mailto:bbell@lynden.com) – *please put the job title in the subject line.*

Applicants requesting reasonable accommodations with the application process may contact Human Resources at 206.892.2581 or at the address and email listed above.

**ALASKA MARINE LINES IS AN EQUAL OPPORTUNITY EMPLOYER**



Dear Applicant:

Welcome to Alaska Marine Lines. We are pleased that you have chosen to apply for employment at one of our industry's most progressive companies.

Included in your Application Kit you will find certain job specific forms that must be completely filled out in their entirety. Resumes are welcome as supplements to the completed Application Kit.

Alaska Marine Lines has a strong commitment to its employees to provide a safe and healthy workplace; an equally strong commitment to provide the highest standard of service and productivity to its customers; and a firm obligation to preserve and protect the safety of the general public. As a fundamental element in maintaining these objectives and as an integral part of Alaska Marine Line's "*Fit for Work*" policy and in recognition of our duty to comply with federal, state and local regulations which, in some instances, require drug and alcohol testing, all applicants being considered for employment will be required to pass a pre-employment physical which will include a urinalysis test for the presence of drugs and alcohol. In addition, Alaska Marine Lines "*Fit for Work*" policy and government regulations may require certain employees to submit to additional testing during the course of their employment.

It has been, and will continue to be, the policy of Alaska Marine Lines to recruit, hire, train and promote persons in all job classifications without regard to race, color, religion, sex, age, national origin, marital status, or because of a sensory, physical or mental disability, or because of service as a Vietnam era veteran or due to any another protected status.

A handwritten signature in black ink, appearing to read "Kevin Anderson", written over a light blue horizontal line.

Kevin Anderson, President  
Alaska Marine Lines

**ALASKA MARINE LINES, INC.**  
**5615 West Marginal Way SW**  
**Seattle, WA 98106**

**Job Title** Refrigeration Mechanic  
**Job Location:** 5600 W Marginal Way SW, Seattle, WA 98106  
**Reports to:** Equipment Repair Manager  
**Status:** Non Exempt (not exempt from overtime)  
**Classification:** Regular Full Time  
**Start Date:** ASAP  
**Reply by Date:** January 31, 2016  
**Reply to:** *Application provided by AML must be completed and returned via email, fax or mail. Resumes are supplemental to application.*  
Bridgette Bell, HR Manager  
[bbell@lynden.com](mailto:bbell@lynden.com)  
Ph: 206.892.2581 / Fax: 206.508.7624

**SUMMARY:** Repairs and maintains refrigerated marine containers and other freight moving equipment to ISO/CSC and company standards.

**ESSENTIAL DUTIES AND RESPONSIBILITIES** include the following: Other duties may be assigned.

- Diagnose and repair refrigerated container systems using specialized tools and meters as well as hand & power tools.
- Perform preventative maintenance to ensure reliability and calibration of units.
- Perform brazing and soldering of both copper and brass components in the refrigeration system using oxy/acetylene torch.
- Diagnose and repair both high and low voltage electrical circuits using wiring diagrams and schematics.
- Upload software and download information from the units' microprocessor and for generating repair orders and parts inventory in fleet maintenance program.
- Work with Shop Lead and Department Manager in maintaining adequate inventory of spare parts, materials, and tooling. Work with Purchasing Department in requisitioning items in the absence of Shop Lead and/or Department Manager.
- Learn and properly use the manufacturer's service software with electronic equipment.
- Own basic hand tools common to the trade and specifically an electrical meter, and be willing and able to acquire additional tooling as the position requires. Must be able to properly use and maintain company supplied tooling.

**QUALIFICATION REQUIREMENTS:**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**EDUCATION and/or EXPERIENCE:**

- Journey level mechanic with a minimum of 4 years related experience in the container refrigeration field.
- Knowledge of Carrier and Thermoking refrigerated containers.
- EPA certified type 2 or better for CFR.
- Ability to read and understand electrical schematics.

**LANGUAGE SKILLS:**

Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to communicate effectively with other employees, vendors and customers.

**MATHEMATICAL SKILLS:**

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percentage and apply those concepts to work related situations.

**REASONING ABILITY:**

Ability to solve practical problems and deal with a variety of concrete variables. Ability to interpret and follow a variety of instructions furnished in written, oral, diagram, or schedule form.

**CERTIFICATES, LICENSES, REGISTRATIONS:**

EPA certified type 2 or better for CFR.

Able to meet forklift certification requirements.

Valid driver's license and good driving record is required.

**OTHER SKILLS and ABILITIES:**

- Ability to meet a regular work schedule
- PC skills required: Windows, Excel, keyboarding proficiency
- Ability and willingness to travel to Alaska as required for up to 6 weeks per trip.
- Ability and willingness to travel via tug boat from Alaska, monitoring refrigeration units on barge. This requires climbing from tug to barge to check on units.
- Proactive in identifying and correcting problems with equipment with a strong attention to detail.
- Ability to plan, organize and prioritize work to meet schedules/deadlines.
- Ability and willingness to work overtime as required.
- Ability to drive 1-ton truck.
- Willingness to learn or experience in driving up to 45 ton capacity forklift for staging of equipment for repair work.
- Ability to work alone or as part of a team with minimal supervision.
- Ability to change focus and job duties in a fast moving, time restricted environment.

**PHYSICAL DEMANDS:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand; use hands and fingers to hold, handle, objects, tools, or to key data entry; reach with hands and arms to clean, spray or perform repairs; stoop, kneel, crouch, or crawl with legs and knees; and talk or hear while communicating using telephones or radios. The employee frequently is required to walk and climb or balance. Employee is regularly required to climb ladders. The employee is required to use fall protection. The employee is regularly required to use eyes, ears, arms, hands, legs, and feet to safely operate motor powered vehicles.

The employee must frequently lift and/or move up to 25 pounds and occasionally lift and/or move up to 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus while working in safety sensitive environments.

**WORK ENVIRONMENT:**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The noise levels in the different work environments are from quiet to loud. While performing the duties of this job, the employee frequently works in outside weather conditions. While performing the duties of this job, the employee regularly works near moving mechanical parts. The employee is frequently exposed to fumes or airborne particles. The employee occasionally is occasionally exposed to toxic or caustic chemicals.

**COMMENTS:**

**This job description is not an employment agreement or contract. Management has the exclusive right to alter this job description at any time without notice.**

**Federal law requires Alaska Marine Lines to verify the identity and employment eligibility of all persons hired to work in the United States. Alaska Marine Lines will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. [See posters for details](#)**

**A post conditional offer of employment physical, drug test and background investigation are required.  
Random drug testing is required of all Alaska Marine Lines employees.**

**Alaska Marine Lines, Inc. is an Equal Opportunity Employer.  
Veterans and Minorities are encouraged to apply.**



## APPLICATION FOR EMPLOYMENT

It is the policy of the Company to provide equal opportunities to all qualified persons without regard to race, creed, religion, sex, sexual orientation, age, national origin, physical or mental disabilities, marital status, veteran status, or any other status or characteristic protected under applicable federal, state or local law. If you have a disability and need assistance in completing the application or in taking any test required for employment, please notify the Human Resources Coordinator who will make appropriate arrangements. We are an equal opportunity employer and encourage disabled applicants.

**DRIVER APPLICANTS ONLY: READ AND SIGN BEFORE SUBMITTING APPLICATION.** I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### ALL APPLICANTS

**Instructions:** Please print and furnish complete and accurate information. Applications will be verified. In addition, you may attach a resume detailing your professional, educational and community activities.

Date Available \_\_\_\_\_

Position(s) Applied For

Location

1.

Location

2.

### PERSONAL DATA

Last Name

First Name

Middle Initial

Social Security Number

Telephone Number

Present Address

City

State

Zip Code

Email

Are you at least  
18 yrs. of age?

☐ YES ☐ NO

ARE YOU LEGALLY ELIGIBLE FOR  
EMPLOYMENT IN THE USA?

YES ☐ NO ☐

(NOTE: IF HIRED YOU WILL BE REQUIRED TO PROVIDE  
ACCEPTABLE DOCUMENTATION OF WORK ELIGIBILITY WITHIN  
YOUR FIRST THREE DAYS OF EMPLOYMENT.)

Do you want to work?

☐ Full-Time

☐ Part-Time

☐ Temporary

Are you willing and able to work?

☐ DAYS

☐ EVENINGS

☐ NIGHTS

☐ OVERTIME

☐ WEEKENDS

☐ HOLIDAYS

Are you on layoff status or subject to  
recall somewhere?

☐ YES ☐ NO

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN GIVEN THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Do you believe you are capable of performing the essential functions of the job you are applying for as set forth this job description, with or without reasonable accommodation?

☐ YES ☐ NO

(OPTIONAL) List any skills or abilities you have which are pertinent to the position, including hobbies, special interests and memberships in clubs or organizations.

### PERSONAL REFERENCES

(List at least 3 persons to whom you are not related and by whom you have not been employed. These people should have known you for several years.)

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION



**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED	HIGH SCHOOL					COLLEGE				GRADUATE SCHOOL				TECHNICAL, BUSINESS				OTHER
	9	10	11	12	G.E.D.	1	2	3	4	1	2	3	4	1	2	3	4	
	NAME					LOCATION				COURSE-DEGREE				G.P.A.				
HIGH SCH. OR G.E.D.																		
COLLEGE																		
GRAD SCHOOL																		
TECH-BUS.- OTHER																		

**EMPLOYMENT**

The U.S. Department of Transportation requires that driver applicants, for DOT-governed positions, show all employment for the past three years, and commercial driver employment for the seven years immediately preceding this three-years period. §391.21 (b)(10), (11)

Start with LAST OR CURRENT position including military and volunteer experience and work back. (Attach a separate sheet of paper if necessary.)

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

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

Previous Employer: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Address- \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ From \_\_\_\_\_ TO \_\_\_\_\_ Salary \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

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

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

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

Previous Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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

Position Held: \_\_\_\_\_ From \_\_\_\_\_ TO \_\_\_\_\_ Salary \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

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

**PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY.**

From Month/Yr	To Month/Yr	REASON	From Month/Yr	To Month/Yr	REASON

May we contact your present employer? ☐ Yes ☐ No

**MILITARY SERVICE**

Have you ever served in the U.S. Armed Forces: ☐ Yes ☐ No

Branch of Service: \_\_\_\_\_ Dates Served: From \_\_\_\_\_ Mo./Yr. To: \_\_\_\_\_ Mo./Yr.

Rank at Entry: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_ List special training: \_\_\_\_\_

## CLERICAL EXPERIENCE

List courses, and training in office work \_\_\_\_\_

INDICATE TRAINING AND EXPERIENCE IN FOLLOWING	FORMAL TRAINING	YEARS OF EXPERIENCE	INDICATE EQUIPMENT TYPE, SOFTWARE, ETC.
TYPING/KEYBOARDING:	<input type="checkbox"/> Y <input type="checkbox"/> N		WPM/KPH:
SHORTHAND	<input type="checkbox"/> Y <input type="checkbox"/> N		WPM:
10-KEY	<input type="checkbox"/> Y <input type="checkbox"/> N		SPM:
COMPUTERS/SOFTWARE	<input type="checkbox"/> Y <input type="checkbox"/> N		
SWITCHBOARD	<input type="checkbox"/> Y <input type="checkbox"/> N		
CALCULATOR	<input type="checkbox"/> Y <input type="checkbox"/> N		
BILLING	<input type="checkbox"/> Y <input type="checkbox"/> N		
FILING	<input type="checkbox"/> Y <input type="checkbox"/> N		
ACCOUNTING	<input type="checkbox"/> Y <input type="checkbox"/> N		
INTERLINE/ TRANSPORTATION PAYABLES	<input type="checkbox"/> Y <input type="checkbox"/> N		
OTHER	<input type="checkbox"/> Y <input type="checkbox"/> N		

## GENERAL

Have you ever been bonded? ☐ YES ☐ NO Name of Bonding Company: \_\_\_\_\_

Have you worked for this company before: ☐ YES ☐ NO

If yes, what position? \_\_\_\_\_ Dates: From \_\_\_\_\_ mo./yr. To \_\_\_\_\_ mo./yr.

Reason for leaving? \_\_\_\_\_

Names of any relatives employed by this company: \_\_\_\_\_

This company complies with all state laws governing the employment of relatives. Normally, employment of a relative will not preclude your employment. This information may assist us in avoiding conflicts of interest and making appropriate job placement.

## PLATFORM/DOCK/WAREHOUSE EXPERIENCE

List types of experience and number of years of each: \_\_\_\_\_

List equipment you can operate (Lift Truck, etc.): \_\_\_\_\_

List courses or training: \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING** - I authorize the investigation of all statements contained in this application, including a background check that may include a criminal check, a driver history check, former employment history, educational records and similar background information. I agree to complete any additional forms as are necessary to complete this investigation. I authorize all former employers and the references listed above to give the Company any and all information concerning my previous employment and release from liability any persons providing such information.

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application (or any other documents) will result in termination of consideration of this application for employment or immediate termination of employment, regardless of when or how discovered.

I represent and warrant that I am free to enter into employment with the Company and that my employment with the Company or performance of job duties for the Company will not violate the rights, including contractual rights, of any third party.

IF EMPLOYMENT IS OFFERED, We are a drug-free work place. We may, as a condition of initial or continued employment, require drug and alcohol testing. (NOTE TO APPLICANT: This company complies with all state and federal laws regarding drug and alcohol testing. This application is not intended to create any contractual rights between the applicant and the Company. Employment of every employee is at-will and employment can be terminated by either the company or the employee at any time without cause. This at-will employment relationship cannot be altered by oral or written representations by anyone in the company, except by a written executed agreement by the President or by written collective bargaining agreement.

We do not maintain a pool of applicants for future use, but accept applications for a particular position only. Therefore, if you were not selected for the position for which you have applied, you will need to monitor job openings and submit an additional application once another position becomes available.

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

FOR DRIVERS ONLY

Date of last Department of Transportation prescribed physical exam: \_\_\_\_\_

ATTENTION- DRIVER APPLICANTS MUST TURN PAGE AND CONTINUE



**LICENSES**

DRIVER'S LICENSES HELD IN THE LAST 3 YEARS MUST BE SHOWN	STATE	LICENSE NUMBER	TYPE (AND ENDORSEMENTS OR RESTRICTIONS)	EXP. DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

☐ YES ☐ NO

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

☐ YES ☐ NO

C. HAVE YOU EVER BEEN DISQUALIFIED FOR VIOLATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?

☐ YES ☐ NO**IF ADDITIONAL SPACE IS NECESSARY FOR ANY QUESTION, ATTACH A SEPARATE SHEET OF PAPER.****DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	From DATES To		APPROX. TOTAL MILES
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
TWIN-TRAILERS				
OTHER				

LIST STATES OPERATED IN DURING LAST FIVE YEARS \_\_\_\_\_

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER \_\_\_\_\_

LIST SAFE DRIVING AWARDS HELD AND WHO AWARDS WERE PRESENTED BY \_\_\_\_\_

**ACCIDENT REVIEW FOR PAST 3 YEARS**

	DATE	NATURE OF ACCIDENT (HEAD ON, REAR END, JACK KNIFE)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

**TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 5 YEARS. (EXCLUDE PARKING VIOLATIONS)**

LOCATION	DATE	CHARGE	PENALTY

**DRIVER APPLICANT MUST READ AND SIGN**

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record; Whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

(GA & KS) - I understand that, as a condition of employment, I will obtain from the State Motor Vehicle Agency, within my probationary period, and without cost to the employer, a copy of my motor vehicle violations record.

(MA) - "An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior, arrests, criminal court appearances or convictions. An applicant for employment with a sealed record on file with the commissioners of probation my .1 record" with respect to any inquiry relative to prior arrest, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."

(MD) - "AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100."

(PA) - I authorize my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Records.

Signature \_\_\_\_\_

I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the company or myself.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

This application is not intended to create any contractual rights between the applicant and the company. Employment of every employee is at-will and employment can be terminated by either the company, or the employee at any time without cause. This at-will employment relationship cannot be altered by oral or written representations by anyone in the company except by a written agreement- executed by the President or by written collective bargaining agreement.



# ALASKA MARINE LINES

## VOLUNTARY SELF-IDENTIFICATION FORM

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to hire, and provide equal opportunity to qualified minorities<sup>i</sup>, women<sup>i</sup>, and veterans<sup>ii</sup>. To help us measure how well we are doing, we are asking you to tell us your race, gender, and veteran status.

**Completing this form is voluntary**, but we hope that you will choose to fill it out. Your answers will be kept private, and will not be used against you in any way. It is our policy to provide equal opportunity to all employees without regard to age, race, ethnicity, color, gender, the presence of a physical, mental or sensory disability, religion, national origin, sexual orientation, military status or any other category protected by local, state, or federal law.

### PLEASE PRINT

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Your Name

---

Today's Date

---

Job Applied For

**1. Are you Hispanic or Latino/a?** A person of Cuban, Mexican, Chicano/a, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. ☐ Yes *(Skip to question #3)*

☐ No *(Go to question #2)*

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### 2. What race or races do you consider yourself to be? (Check all that apply)

☐ **White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

☐ **Black or African American:** a person having origins in any of the black racial groups of Africa

☐ **Native Hawaiian or other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

☐ **Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

☐ **American Indian or Alaskan Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment

☐ I do not wish to Self-Identify

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### 3. What is your gender?

☐ Male

☐ Female

☐ I do not wish to Self-Identify

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### Recruitment Source

How did you hear about this employment opportunity?

☐ Alaska Marine Lines or Lynden Employee

☐ Indeed website

☐ Walk-in

☐ other – Please specify:

☐ Newspaper

☐ Craigslist

☐ Lynden website

### How do I know if I'm a protected veteran?

You are considered to be a protected veteran if one or more of the following categories apply:

#### Disabled Veterans

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

#### Recently Separated Veterans

Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

#### Active Duty Wartime or Campaign Badge Veteran

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

#### Armed Forces Service Medal Veterans

A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

*If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA:*

- ☐ I identify as one or more of the classifications of protected veteran listed above.  
☐ I am NOT a protected veteran.

☐ I do not wish to Self-Identify

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- |             |                      |  |  |
|-------------|----------------------|--|--|
| • Blindness | • Autism             | • Bipolar disorder                         | • Post-traumatic stress disorder (PTSD)                          |
| • Deafness  | • Cerebral palsy     | • Major depression                         | • Obsessive compulsive disorder                                  |
| • Cancer    | • HIV/AIDS           | • Multiple sclerosis (MS)                  | • Impairments requiring the use of a wheelchair                  |
| • Diabetes  | • Schizophrenia      | • Missing limbs or partially missing limbs | • Intellectual disability (previously called mental retardation) |
| • Epilepsy  | • Muscular dystrophy |  |  |

- ☐ Yes, I have a disability (or previously had a disability).  
☐ No, I don't have a disability.

☐ I do not wish to Self-Identify

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

<sup>i</sup> Executive Order 11246, as amended.

<sup>ii</sup> Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

For more information about the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp). Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

## BACKGROUND CHECK DISCLOSURE

The Company will procure a consumer report and/or investigative consumer report on you in connection with your application for employment purposes (including employment, volunteer, or independent contractor assignments, as applicable) as defined under the Fair Credit Reporting Act. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or contract period.

TalentWise Solutions LLC ("TalentWise"), a consumer reporting agency, will obtain the report for the Company. Further information regarding TalentWise, including its privacy policy, may be found online at [www.TalentWise.com](http://www.TalentWise.com). TalentWise is located at 19800 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (866) 338-6739.

The report may contain information bearing on your character, general reputation, personal characteristics, and mode of living. The information that may be included in your report include: *social security number trace, criminal records checks, public court records checks, driving records checks, drug tests, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks*. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history.

## AUTHORIZATION

I have carefully read and understand this disclosure and authorization form. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by TalentWise, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic signature) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

This information is being collected to conduct the background screen on you. It will not be used for any other purpose.

**First Name:** \_\_\_\_\_

**Full Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

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

**Street Address**

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

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

This information is being collected to conduct the background screen on you. It will not be used for any other purpose.



For Employees of Lynden Incorporated and Participating Employers

Dear Applicant:

Following is a summary of benefits offered to full time employees of Lynden Incorporated and participating employers. We, at Lynden, believe that benefits contribute greatly to the annual compensation and personal well being of our employees.

***All coverages begin effective the first of the month following completion of 60 days of employment unless otherwise indicated. Full-time employee health coverage has a contribution of \$75 per month in addition to any required dependent contribution. Employees who are tobacco-free will receive a discount on their employee health insurance contributions.***

**MEDICAL PLAN:** There is a calendar year deductible of \$500 per person. This Plan covers 70% of eligible expenses (80% if a preferred provider is used). The Kaiser Permanente Added Choice Plan is available in Hawaii.

**DENTAL PLAN:** There is a calendar year deductible of \$50 per person (waived if a preferred provider is used). This Plan covers 100% of preventive services, 80% of routine treatment (90% if a preferred provider is used) and 50% of major treatment (60% for preferred providers) up to a maximum of \$1500 per year per family member. In addition, the plan covers 50% of orthodontia up to a life time maximum of \$1500.

**VISION PLAN:** This Plan provides one eye exam annually and a scheduled allowance for eyeglasses or contact lenses.

**GROUP TERM LIFE INSURANCE:** The Company provides coverage of 2 times annual salary. Employees have the option to purchase additional amounts.

**ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE:** The Company provides 2 times annual salary.

**LONG TERM DISABILITY:** The Plan pays a monthly benefit equal to 60% of monthly salary following a 150 day elimination period. Long Term Disability is not available for seasonal employees.

**EMPLOYEE ASSISTANCE PROGRAM:** This is a confidential counseling assessment and referral service for employees and their eligible dependents.

**FLEXIBLE SPENDING ACCOUNT:** Employees may re-direct a portion of their salary, on a pre-tax basis, into a Section 125 Cafeteria Plan to pay known medical or childcare expenses.

**401(k) PLAN:** Employees are eligible to make deferrals immediately up to 50% of pay and will be eligible to receive matching contributions following one year of employment equal to 50% of the first 6% they contribute. The Company automatically enrolls employees in the 401(k) Plan at 6% of pay with annual 1% increases up to a 10% limit.

**DEFINED CONTRIBUTION RETIREMENT PLAN:** In addition to the matching contribution in the 401(k) Plan, the Company will make a contribution equal to 3% of eligible compensation into participants' accounts. The company will fully fund this plan and employees are not required to make contributions.

***This summary is not a contract. Benefits are subject to change at any time. Details of coverage limitations and exclusions are included in the "Summary Plan Descriptions." The provisions of the master contracts shall govern in all cases.***

# This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match

the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

## NOTICE:

**Federal law requires  
all employers  
to verify the identity and  
employment eligibility  
of all persons hired to work  
in the United States.**

**Employment Verification.**  **Done.**

For more information on E-Verify,  
please contact DHS at:

**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA