SBM OF ALABAMA

Application Check List

Office / HR use - retain with completed new hire packet

OFFICE USE ONLY - FIRST PAGE TO BE COMPLETED BY SBM OFFICE / HR

Applicant Name _____ **Date** _____

Applicant SSN **Hire Date**

Position Applied For Wheelhouse Tankerman Deckhand Other

APPLICATION / INTERVIEW REVIEW

- Application completed and reviewed
- Personal interview completed
- Personal appearance acceptable
- Attitude / professionalism acceptable

Professional Qualifications / Comments

CREDENTIAL COPIES RECEIVED / VERIFIED

- Driver's License - front/back copies
- TWIC Card - front/back copies
- MMC / License copy (if applicable)
- USCG Medical Certificate copy (if applicable)

PRE-EMPLOYMENT / DOT-USCG CHECKS

- Pre-employment physical / fitness evaluation completed
- Pre-employment drug test completed
- 49 CFR 40.25 previous employer check initiated / completed
- Previous Employer Release signed

Drug Screen Result Negative Positive **Initials** _____

Restrictions / Notes

Additional Comments

MAKE SURE THESE ITEMS ARE IN THE COMPLETED FILE

Employment Application	Marine Credentials & Experience	Employment / Wage Agreement
Rules of Conduct	D&A Consent	49 CFR 40.25 Release
Consent to Search	Form I-9	Alabama Form A-4
Federal Form W-4	Copy of Drug Screen	Credential Copies

SBM OF ALABAMA

Employment Application

Complete all applicable fields. Use N/A where needed.

PERSONAL INFORMATION

Legal Name (Last, First, Middle)

Street Address **City** **State** **ZIP**

Phone **Email** **Date Available**

POSITION / WORK ELIGIBILITY

Position Applied For Wheelhouse Tankerman Deckhand Other

Are you legally authorized to work in the United States? Yes No

Do you currently possess a valid driver's license? Yes No

Do you currently possess a valid TWIC card? Yes No

Can you perform the essential functions of the position with or without reasonable accommodation? Yes No

EDUCATION / TRAINING

High School Diploma or GED? Yes No **Highest Grade / Degree**

School / College / Technical Program **City / State** **Completed?** Yes No

Additional School / Training **City / State** **Completed?** Yes No

SPECIAL SKILLS / QUALIFICATIONS

OPTIONAL PROFESSIONAL REFERENCE

Name **Phone** **Relationship**

SBM OF ALABAMA

Work History & Applicant Certification

Start with your present or most recent employer and work backward.

EMPLOYER #1

Job Title | **Start Date** | **End Date** | **Phone**

Company Name | **Supervisor**

City / State | **Reason for Leaving**

Duties / Responsibilities

May we contact this employer? Yes No

EMPLOYER #2

Job Title | **Start Date** | **End Date** | **Phone**

Company Name | **Supervisor**

City / State | **Reason for Leaving**

Duties / Responsibilities

EMPLOYER #3

Job Title | **Start Date** | **End Date** | **Phone**

Company Name | **Supervisor**

City / State | **Reason for Leaving**

Duties / Responsibilities

APPLICANT CERTIFICATION

I certify that the information in this application is true and complete to the best of my knowledge. I understand that false statements, omissions, or material misrepresentations may result in withdrawal of an offer or termination of employment. I authorize Superior Bay Marine of Alabama, LLC to verify information provided in this application and to contact listed employers and references as permitted by law. I understand that employment is at-will unless a written agreement signed by an authorized company representative states otherwise.

Applicant Signature | **Date**

SBM OF ALABAMA

Marine Credentials & Experience

Complete only the sections that apply to your position and credentials.

MARINE EXPERIENCE

Primary Position / Qualification Wheelhouse Tankerman Deckhand Other

Total Years Marine Experience

Years in Position

Last Vessel / Company

CREDENTIALS HELD / COPIES TO BE PROVIDED

Do not re-enter document numbers or expiration dates here. Copies of the applicable credentials are retained with the completed new-hire file.

- Valid Driver's License
- Valid TWIC Card
- MMC (if applicable)
- USCG Medical Certificate (if applicable)
- Radar Observer (if applicable)
- Tankerman Endorsement (if applicable)

TRAINING / EXPERIENCE

- First Aid / CPR
- Firefighting
- H2S
- Benzene
- Vapor Control
- Vessel Security

Towboat / Barge / Cargo / Waterway Experience

WORK SCHEDULE / EMERGENCY CONTACT

Can you work the assigned vessel schedule / hitch and remain aboard for the full hitch? Yes No

Emergency Contact Name

Relationship

Emergency Contact Phone

Alternate Phone

Employment & Wage Agreement

Superior Bay Marine of Alabama, LLC

This AGREEMENT is made between Superior Bay Marine of Alabama, LLC (the Employer) and the new employee identified below. This page documents the employee's assigned position, agreed day rate, regular pay dates, and signatures of both the employee and management.

EMPLOYEE / AGREEMENT DATE

New Employee Printed Name

Agreement / Effective Date

1. JOB DESCRIPTION

The Employee will perform the role of: Deckhand Tankerman Pilot Master

Other Position (if applicable)

2. WAGES / PAY DATES

Basic Wage / Day Rate

$

Regular Pay Dates

5th and 20th of each month

3. ENTIRE AGREEMENT

This agreement contains the entire agreement between the parties concerning the position and wage stated above and supersedes prior oral or written agreements or understandings concerning those terms. Any change to the employee's wage or assigned position must be approved by authorized management. Employment remains at-will unless a separate written agreement signed by an authorized company representative states otherwise.

IN WITNESS WHEREOF, the Employer and the New Employee acknowledge the position, wage, and regular pay dates shown above and sign this agreement below.

SIGNED BY

New Employee Signature

Date

New Employee Printed Name

Manager Signature

Date

Manager Printed Name / Title

SBM OF ALABAMA

Payroll / Direct Deposit Authorization

Optional direct deposit election - pay dates are the 5th and 20th

Complete this page if you want payroll deposited directly into a bank account. If you do not want direct deposit, select Company Paycheck below. If a VOIDED check is attached, the routing and account number fields may be left blank if the check clearly shows that information.

PAYMENT METHOD

DIRECT DEPOSIT **COMPANY PAYCHECK / NO DIRECT DEPOSIT**

DIRECT DEPOSIT BANK INFORMATION

Name on Account

Bank / Financial Institution **Account Type**

Checking Savings

Routing Number **Account Number**

VOIDED CHECK ATTACHED - use banking information shown on the check

DIRECT DEPOSIT AUTHORIZATION

I authorize Superior Bay Marine of Alabama, LLC to deposit payroll payments into the account identified above and, if necessary, to make correcting entries for deposits made in error. This authorization remains in effect until I provide the Company written notice to change or cancel it and the Company has reasonable time to act on that notice.

Employee Signature **Date**

Employee Printed Name

OFFICE / PAYROLL USE

Direct Deposit Setup Completed By **Date**

SBM OF ALABAMA

Rules of Conduct & Employee Acknowledgment

These standards apply to all Superior Bay Marine of Alabama personnel.

Employee conduct affects safety, coworkers, customers, company property, and vessel operations. The conduct below may result in disciplinary action up to and including termination, depending on the circumstances.

PROHIBITED / UNACCEPTABLE CONDUCT

1. Falsification or misrepresentation of employment, personnel, accident, log, maintenance, safety, or other company records.
2. Repeated tardiness, poor attendance, or failure to report for duty as assigned.
3. Insubordination or refusal to follow lawful supervisor instructions.
4. Horseplay, fighting, gambling, threats, harassment, or disruptive conduct.
5. Use, possession, transfer, or being under the influence of prohibited drugs or alcohol while on duty, on company property, or on company business.
6. Theft, attempted theft, abuse, or destruction of company, employee, customer, or third-party property.
7. Indecent, immoral, or seriously unprofessional conduct.
8. Neglect of duty, loafing, misuse of company time, or sleeping while on duty.
9. Leaving the vessel or job assignment without authorization.
10. Failure to follow established operating, transfer, maintenance, or safety procedures.
11. Violation of safety rules or common safe-work practices.
12. Actions or omissions that jeopardize the health, safety, or wellbeing of others or interfere with safe and efficient operations.
13. Unauthorized possession or disclosure of confidential company or customer information.

EMPLOYEE ACKNOWLEDGMENT

I acknowledge that I have read and understand the Rules of Conduct above. I understand that this list is not exhaustive and that I am expected to follow all company policies, safety rules, and lawful instructions.

Employee Signature **Date**

SBM OF ALABAMA

Drug and/or Alcohol Testing Consent

Company policy / DOT-USCG covered personnel

I agree, upon a request made under the drug and alcohol testing policy of Superior Bay Marine of Alabama, LLC, to submit to drug and/or alcohol testing as required by company policy and applicable law. I agree to provide a urine, oral fluid, breath, blood, or other authorized specimen when required by the applicable testing procedure.

I authorize the Company, its designated representatives, medical review officer, collection site, laboratory, and other authorized service agents to receive and exchange testing information as permitted by law and regulation. I understand that testing information will be maintained and disclosed only as permitted or required for employment, safety, regulatory, or legal purposes.

I understand that refusal to submit to a required test, failure to cooperate with testing procedures, adulteration or substitution of a specimen, or another conduct defined as a refusal may result in removal from safety-sensitive duties and disciplinary action up to and including termination.

I understand that employees covered by U.S. Department of Transportation / U.S. Coast Guard drug testing requirements are subject to the applicable provisions of 46 CFR Part 16 and 49 CFR Part 40, including return-to-duty requirements following a violation.

I understand that the Company may require testing after an accident or marine casualty, for reasonable cause, pre-employment, random selection, return-to-duty, follow-up, or other circumstances when required or permitted by applicable law and company policy.

CONSENT AND ACKNOWLEDGMENT

I have read and understand this consent and agree to comply with required drug and alcohol testing procedures.

Employee Signature **Date**

Employee Printed Name **Company Representative**

Representative Date

SBM OF ALABAMA

49 CFR Part 40 - Previous Employer Release

Drug and Alcohol Testing - based on U.S. DOT suggested format

SECTION I - NEW EMPLOYER / EMPLOYEE RELEASE

Employee Printed Name **SS / ID Number**

I authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, identified below, to Superior Bay Marine of Alabama, LLC. This release is in accordance with 49 CFR Part 40, Section 40.25. Information released is limited to DOT-regulated alcohol tests of 0.04 or higher, verified positive drug tests, refusals to test, other DOT drug/alcohol rule violations, prior-employer violation information, and return-to-duty documentation when applicable.

Employee Signature **Date**

New Employer Name Superior Bay Marine of Alabama, LLC

Address 118 Industrial Parkway, Saraland, AL 36571

Phone (251) 380-6231 **Designated Employer Representative**

PREVIOUS EMPLOYER

Previous Employer Name

Address

Phone **DER (if known)**

SECTION II - PREVIOUS EMPLOYER RESPONSE

For DOT-regulated testing in the two years before the employee signature date above:

1. Alcohol test result of 0.04 or higher?	Yes	No	
2. Verified positive drug test?	Yes	No	
3. Refusal to be tested?	Yes	No	
4. Other DOT drug/alcohol testing violation?	Yes	No	
5. Previous employer reported a drug/alcohol rule violation?	Yes	No	
6. If any violation occurred, return-to-duty process completed?	Yes	No	N/A

Person Providing Information **Title**

Phone **Date**

Consent to Search & New Hire Forms Notice

Superior Bay Marine of Alabama, LLC

CONSENT TO SEARCH

I understand and acknowledge that Superior Bay Marine of Alabama, LLC, in the interest of maritime security, safety, health, and protection of employees, visitors, vendors, customers, property, and equipment, may inspect or search packages, boxes, clothing, personal belongings, motor vehicles, watercraft, lockers, work areas, or other items on company property or property where the Company is authorized to operate, consistent with company policy and applicable law. I consent to and agree to cooperate with such inspections or searches. I understand that refusal to cooperate may result in denial of access to company property and/or disciplinary action, up to and including termination.

Employee Signature **Date**

Employee Printed Name

IMPORTANT - GOVERNMENT FORMS IN THIS PACKET

FORM I-9 - COMPLETE ONLY AFTER AN OFFER OF EMPLOYMENT IS ACCEPTED

Do not complete Form I-9 before accepting an offer of employment. After an offer is accepted, the employee completes Section 1 no later than the first day of employment. The employer completes Section 2 within the required time period and follows current USCIS requirements.

ALABAMA FORM A-4

Complete the Alabama Employee Withholding Exemption Certificate for state income tax withholding and return it to the employer.

FEDERAL FORM W-4

Complete the current Federal Employee Withholding Certificate for federal income tax withholding and return it to the employer.

Employee initials acknowledging the instructions above

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.) _____
- ☐ 4. An alien authorized to work until _____ (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

ALABAMA DEPARTMENT OF REVENUE

375 South Ripley Street - Montgomery, AL 36104 - InfoLine (334) 242-1300

FORM A4
REV. 4/2025

Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date employment begins, must furnish the employer a signed Alabama withholding exemption certificate. The number of exemptions claimed may not exceed the number to which the employee is entitled.

Part I - To be completed by the employee

EMPLOYEE NAME | **EMPLOYEE SOCIAL SECURITY NUMBER**

STREET ADDRESS | **CITY** | **STATE** | **ZIP CODE**

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption and wish to withhold at the highest rate, write "0".
2. If SINGLE or MARRIED FILING SEPARATELY, enter "S" or "MS" as applicable.
3. If MARRIED or SINGLE CLAIMING HEAD OF FAMILY, enter "M" or "H" as applicable.
4. Number of dependents (other than spouse) for whom you provide more than one-half of the support.
5. Additional amount, if any, you want deducted each pay period.
6. Employer use: total exemptions / withholding table code.

Under penalties of perjury, I certify that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature | **Date**

Part II - To be completed by the employer

EMPLOYER NAME | **EMPLOYER IDENTIFICATION NUMBER (EIN)**

ADDRESS | **CITY** | **STATE** | **ZIP CODE**

Employers are required to keep this certificate on file. If an employee is believed to have claimed more exemptions than legally entitled, refer to the current Alabama Department of Revenue Form A4 instructions.

DEPENDENTS: A dependent generally must receive more than one-half of his or her support from the employee for the year and meet the relationship requirements stated on the current Alabama Form A4.

Form W-4 2026

Department of the Treasury - Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer.

Step 1: Enter Personal Information

(a) First name and middle initial **Last name**

Address **City or town, state, and ZIP code**

(b) Social security number

(c) Filing status - check only one

Single or Married filing separately | Married filing jointly or Qualifying surviving spouse

Head of household

Step 2: Multiple Jobs or Spouse Works

Complete this step if you hold more than one job at a time, or are married filing jointly and your spouse also works. Use the IRS withholding estimator or the Multiple Jobs Worksheet as appropriate. If there are only two jobs total, you may check the box below and do the same on the other Form W-4.

Two jobs total

Step 3: Claim Dependents & Other Credits

(a) Qualifying children under age 17 x $2,200

(b) Other dependents x $500

Total credits (including other credits)

Step 4: Other Adjustments

(a) Other income (not from jobs)

(b) Deductions

(c) Extra withholding each pay period

I claim exemption from withholding for 2026 and certify I meet both IRS conditions for exemption.

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature **Date**

Employers Only

Employer's name and address **First date of employment**

Employer identification number (EIN)