

**STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES  
ALASKA MARINE HIGHWAY SYSTEM  
7037 N. Tongass Highway, Ketchikan, Alaska 99901**

**APPLICATION FOR MARINE EMPLOYMENT**

**YOU MUST REAPPLY EVERY CALENDAR YEAR**

The following instructions and definitions are provided to help you fill out your application correctly. **PLEASE READ THEM BEFORE YOU START.** This will prevent mistakes which could slow down the processing of your application.

This application is for employment in one department only. A separate application for employment must be submitted for each department in which you are seeking employment: Deck, Engine and Steward. Steward applications are accepted thru Workplace Alaska, during open recruitment only. **A clear copy of your valid USCG Merchant Mariner Credential (MMC) - including all pages, and your Transportation Worker Identification Credential (TWIC) must accompany your application.**

If you do not follow these instruction or fill out all parts of the application, your application will be returned to you. Instructions and definitions match the boxes on the application form. Some boxes are self-explanatory.

**1. APPLYING FOR:** Specify Deck, Engine or Steward department.

**Steward applications** are accepted during advertised open recruitment periods only.

**Deck applicants** must possess: Able Seaman rating and Ratings Forming Part of the Navigational Watch and Proficiency in Survival Craft endorsements.

**Engine applicants** must possess: Oiler/QMED rating or higher and Ratings Forming Part of the Engine Watch and Proficiency in Survival Craft endorsements.

**2, 3, 4, 5. NAME/MAILING ADDRESS/TELEPHONE NUMBER/EMAIL**

**6. ALASKA RESIDENT:** Alaska residence for purposes of employment preference shall be established when a person is domiciled in the State of Alaska. Domicile is defined as the true and permanent abode of a person, from which he/she has no present intention of moving and to which he/she intends to return whenever away.

**7. RIGHT TO WORK IN UNITED STATES.**

**8. COMPLIANCE WITH SELECTIVE SERVICE ACT:** Effective Jan. 1, 2004, failure to answer "yes" to this question will prevent an application from being submitted. Candidates may be required to show evidence of compliance.

**9, 10. PREVIOUS STATE OF ALASKA EMPLOYMENT/OTHER NAMES**

**11. NEPOTISM/ETHICS DISCLOSURE:** Disclosure of any familial or conjugal relationship with any person currently working for the State of Alaska.

**12. CONVICTIONS:** A criminal conviction, whether misdemeanor or felony, will not automatically disqualify or exclude you from employment with the State of Alaska. You are required to provide a true and complete explanation of all convictions with your application. You must also provide a copy of the Judgment Order regarding a felony conviction. If you intentionally or unintentionally conceal or otherwise provide a false statement of material fact in your application submission, it will result in permanent loss of eligibility for employment with the State of Alaska per Personnel Rule 2AAC.07.112.

**13. EDUCATION/TRAINING**

**14. CERTIFICATIONS**

**15. LICENSES**

**16. VALIDATED MERCHANT MARINERS CREDENTIAL**

**17. REFERENCES:** Please list three professional references.

**18. WORK HISTORY:** List your present or most recent job first and work back. Give accurate and complete information about the duties and responsibilities you had in each job.

**19. VETERANS'/NATIONAL GUARD PREFERENCE:**

The State of Alaska complies with Title I of the Americans with Disabilities Act (ADA). Individuals with disabilities who require special accommodation, auxiliary aides or services, or alternative communication formats call 1-800-587-0430 or 465-4095 in Juneau or (907) 465-3412 (TTY) or correspond with the Division of Personnel.

# APPLICATION FOR MARINE EMPLOYMENT

Read instructions on page 1 before completing this form.

1. MARINE DEPARTMENT FOR WHICH YOU ARE APPLYING

OFFICE USE ONLY

2. NAME

Last	First	M.I.
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3. MAILING ADDRESS

Street or P.O. Box	
City, State	Zip Code

4. TELEPHONE NUMBERS

Home: ( )	Cell: ( )
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5. EMAIL ADDRESS

Email:
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6. Are you currently an Alaska Resident?  Yes  No  
Since \_\_\_\_\_ (mm/yy)

7. Do you have a legal right to accept employment in the  
United States?  Yes  No

8. Have you complied with all the requirements of the Selective Service Act?  Yes  No  
[www.sss.gov](http://www.sss.gov)

9. STATE OF ALASKA EMPLOYMENT STATUS:  I have never been employed by the State of Alaska.

I previously worked for the AMHS: From: \_\_\_\_\_ To: \_\_\_\_\_

10. OTHER NAMES: List Name(s) under which previously employed by the State: \_\_\_\_\_

11. Are you related to or in a conjugal relationship with any person currently working for the State of Alaska?  Yes  No

If Yes, please list their names(s), their Department(s), and your relationship(s):  
\_\_\_\_\_

12. CONVICTIONS

A. Have you ever been convicted of a felony?  Yes  No

B. Have you been convicted of a misdemeanor within the past five years?  Yes  No

If yes to one or both of the above questions, you must explain on a separate sheet of paper and attach it to this application. If felony, include a copy of your judgment.

**IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING:**

I certify that the information I have entered on this form is true to the best of my knowledge. I understand if I conceal or enter false information on this form, my name may be removed from consideration for a job, or I may be removed from my job, if hired. I understand the information in this profile may be released in a authorized legal investigation; and before I am hired I will be required to sign an official State Form certifying these statements are true. I agree that the State of Alaska, or its agents, may contact current or former employers or other persons who know me in order to obtain additional information.

I hereby release and discharge my employer or former employers and those who provide information from any and all liability as a result of furnishing and receiving this information.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit your application by email to: [dot.amhs.dispatch@alaska.gov](mailto:dot.amhs.dispatch@alaska.gov)  
Phone: (907) 228-7255 or (888) 290-6804; Fax: (907) 228-6873

**13. EDUCATION & TRAINING**

Education: Check highest level attained

High School	Post Secondary
<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College
<input type="checkbox"/> HS Graduate or GED	<input type="checkbox"/> Associate Degree
	<input type="checkbox"/> Bachelor's Degree
	<input type="checkbox"/> Master's Degree

School Name	School Location	Areas of Study	Degrees obtained

**14. CERTIFICATIONS AND DATE OBTAINED:**

List certificate types and dates issued:

**15. LICENSES HELD - TONNAGE/DIESEL H.P.**

Issue Date:

Number:

Endorsements: Pilots, Waters, Other:

Radar Observer Endorsement Date:

Limitations on Licenses:

**16. VALIDATED MERCHANT MARINERS CREDENTIAL:**  YES  NO (attach clear copy of all printed pages)

Issue Date: \_\_\_\_\_ Document Number: \_\_\_\_\_

Proficiency in Survival Craft/Lifeboatman's endorsement: \_\_\_ Yes \_\_\_ No

Ratings Forming Part of the Navigational Watch endorsement: \_\_\_ Yes \_\_\_ No

Ratings Forming Part of the Engine Watch endorsement: \_\_\_ Yes \_\_\_ No

Other Endorsements on MMC: (List each and date obtained)

A clear copy of all certifications and endorsements should be submitted with this application.

17. REFERENCES: Please list three references to whom you are not related. At least one should be a recent employer. References provided may be contacted during the application review process.

1. Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

2. Reference \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

3. Reference \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

18. DETAILED WORK HISTORY: List up to four employers, starting with most recent.

Employer #1 (of 4)			
Name of employer and location:			
Start Date: (Month/Day/Year)		Ending Date: (Month/Day/Year)	
Job Title			
Supervisor's Name:			
Supervisor's Phone Number:			
Employment Type:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part-Time	Salary: (Monthly): \$
Hours/Week worked:			
Did your duties include supervision of others?			
If yes, number of people supervised:			
DUTIES: (Be specific)			

18. WORK HISTORY CONTINUED:

Employer #2 (of 4)	
Name of employer and location:	
Start Date: (Month/Day/Year)	Ending Date: (Month/Day/Year)
Job Title	
Supervisor's Name:	
Supervisor's Phone Number:	
Employment Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time      Salary: (Monthly): \$
Hours/Week worked:	
Did your duties include supervision of others?	
If yes, number of people supervised:	
DUTIES: (Be specific)	

Employer #3 (of 4)	
Name of employer and location:	
Start Date: (Month/Day/Year)	Ending Date: (Month/Day/Year)
Job Title	
Supervisor's Name:	
Supervisor's Phone Number:	
Employment Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time      Salary: (Monthly): \$
Hours/Week worked:	
Did your duties include supervision of others?	
If yes, number of people supervised:	
DUTIES: (Be specific)	

18. WORK HISTORY CONTINUED:

Employer #4 (of 4)	
Name of employer and location:	
Start Date: (Month/Day/Year)	Ending Date: (Month/Day/Year)
Job Title	
Supervisor's Name:	
Supervisor's Phone Number:	
Employment Type:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time      Salary: (Monthly): \$
Hours/Week worked:	
Did your duties include supervision of others?	
If yes, number of people supervised:	
DUTIES: (Be specific)	

19. VETERANS'/NATIONAL GUARD PREFERENCE:

Yes  No Are you a veteran who served on active duty (not active duty for training) in the United States Armed Forces and did you receive an honorable or general discharge?

Yes  No If yes, did you serve during a war?

Under Title 5 Section 2108 of the United States Code the following time periods are considered periods of war:

A) served on active duty in the armed forces during a war, in a campaign or expedition for which a campaign badge has been authorized, or during the period beginning April 28, 1952, and ending July 1, 1955;

B) served on active duty as defined by section 101(21) of title 38 at any time in the armed forces for a period of more than 180 consecutive days any part of which occurred after January 31, 1955, and before October 15, 1976, not including service under section 12103(d) of title 10 pursuant to an enlistment in the Army National Guard or the Air National Guard or as a Reserve for service in the Army Reserve, Navy Reserve, Air Force Reserve, Marine Corps Reserve, or Coast Guard Reserve;

C) served on active duty as defined by section 101(21) of title 38 in the armed forces during the period beginning on August 2, 1990, and ending on January 2, 1992; or

D) served on active duty as defined by section 101(21) of title 38 at any time in the armed forces for a period of more than 180 consecutive days any part of which occurred during the period beginning on September 11, 2001, and ending on the date prescribed by Presidential proclamation or by law as the last date of Operation Iraqi Freedom;

and who has been discharged or released from active duty in the armed forces under honorable conditions.

Yes  No Are you currently a member of the Alaska National Guard and have you served for eight (8) years or longer?

Yes  No Disabled veteran?

Are you entitled to disability compensation, disability retirement benefits, or disability pension under laws administered by the United States Department of Veteran Affairs or a military department?

OR

Were you honorably discharged or released from active duty because of a service-connected disability or have you established the present existence of a service-connected disability?

OR

Were you disabled in the line of duty while serving in the Alaska Territorial Guard?

OR

Were you a prisoner of war during a declared war or other conflict as determined by the Department of Defense under federal regulations?

OR

Were you honorably discharged and awarded the Purple Heart?

**Please provide a copy of your DD214 form or verification from the U.S. Department of Veterans' Affairs along with this application.**

Optional: State of Alaska Equal Employment Opportunity Questionnaire

Before submitting this form, please complete these additional questions.

This information will be kept confidential.

Note: Per the State Commission for Human Rights, Alaska Statute Section 18.80.220(b), the State of Alaska employers, labor organizations, and employment agencies shall maintain records of age, sex, and race. These records are required to administer the civil rights laws and regulations. These records are confidential and available only to federal and state personnel legally charged with administering civil rights laws and regulations. However, statistical information compiled from records on age, sex, and race shall be made available to the general public.,

**This information will not be viewed by personnel conducting the recruiting process.**

Age Information:  Under Age 40  Age 40 and above

Date of Birth (mm/dd/yyyy):

Gender Information:  Female  Male

Race and Ethnicity Information:  Alaska Native  Asian or Pacific Islander  Hispanic  
 American Indian/Native American  African American  
 White

**The State of Alaska is an equal opportunity employer and supports workplace diversity.**