



## COVID-19 SCREENING QUESTIONNAIRE

No.	Question	Yes	No
1)	Have you experienced a fever (100.4°F / 38°C or greater) within the past 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
2)	Have you experienced any of the following symptoms within the last 7 days? If you marked YES, please circle which symptoms you have experienced: Cough Shortness of Breath or Difficulty Breathing Fever or Chills Muscle or Body Aches Headache Sore Throat Loss of Taste or Smell Congestion or Runny Nose Nausea or Vomiting Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
3)	Have you travelled internationally or outside your home / local area within the past 14 days? If you marked YES, where:	<input type="checkbox"/>	<input type="checkbox"/>
4)	In the last 14 days, have you been in contact with anyone that has contracted COVID-19 or displayed symptoms consistent with COVID-19 (see list of symptoms under #2 above)?	<input type="checkbox"/>	<input type="checkbox"/>
5)	Can you attest to the fact that you have been carrying out COVID-19 best practices (per CDC guidelines) and/or self-quarantined for at least 14 days? <a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html</a>	<input type="checkbox"/>	<input type="checkbox"/>
6)	Have you visited any medical facility in the last 14 days (other than for pre-employment exam)? If you marked YES, facility visited and reason for visit:	<input type="checkbox"/>	<input type="checkbox"/>
7)	Do you agree to wear a cloth face covering / face mask while traveling to the vessel and taking shore leave in ports where shore leave is allowed? <a href="https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html">https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html</a>	<input type="checkbox"/>	<input type="checkbox"/>
8)	Do you agree to have your temperature taken by non-contact thermometer (scan) prior to boarding the vessel and periodically while aboard the vessel, as required by Matson?	<input type="checkbox"/>	<input type="checkbox"/>

I attest to the fact that the above answers are true and complete to the best of my knowledge.

I acknowledge and agree to abide by all of the COVID-19 policies and protocols set forth by Matson while traveling to and working aboard Matson's vessels for my safety and the safety of my shipmates to mitigate the risk of contracting or spreading COVID-19.

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

Print Name \_\_\_\_\_ Vessel Joining \_\_\_\_\_

## EMPLOYEE DRUG / ALCOHOL CERTIFICATION AND CONSENT FORM

Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Vessel: \_\_\_\_\_ Rating: \_\_\_\_\_

Pursuant to US Dept of Transportation Regulation (DOT) 49CFR40.25, paragraph "J", you must respond truthfully to the following questions. During the past 24 mos., with respect to DOT/USCG pre-employment drug or alcohol testing, have you:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • Had alcohol tests with a result of 0.04 or higher concentration?              | <input type="checkbox"/> | <input type="checkbox"/> |
| • Had verified positive drug tests?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Refused to test or had verified adulterated or substituted drug test results? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Violated any other DOT/USCG drug and alcohol testing regulation?              | <input type="checkbox"/> | <input type="checkbox"/> |

With respect to any violation of the DOT/USCG chemical testing regulations, please provide documentation of your completion of DOT "return-to-duty" requirements including follow-up tests. (Please attach documentation)

If you answered YES to any of these questions, please provide our company with the following information:

Name of Substance Abuse Clinic/Professional: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby authorize my previous employer(s) to release the following information with regard to my chemical testing records to my prospective employer.

Seaman's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**List only DOT employers you have worked for during the past 24 months. If you worked for Matson during the past 24 months, list only employers you worked for since you last worked for Matson.**

Previous DOT Employer: \_\_\_\_\_ Vessel: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Employed From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Previous DOT Employer: \_\_\_\_\_ Vessel: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Employed From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

Previous DOT Employer: \_\_\_\_\_ Vessel: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Employed From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_

### TO BE COMPLETED ONLY BY PREVIOUS EMPLOYERS

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| Had alcohol tests with a result of 0.04 or higher concentration?              | <input type="checkbox"/> | <input type="checkbox"/> |
| Had verified positive drug tests?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Refused to test or had verified adulterated or substituted drug test results? | <input type="checkbox"/> | <input type="checkbox"/> |
| Violated any other DOT/USCG drug and alcohol testing regulation?              | <input type="checkbox"/> | <input type="checkbox"/> |

With respect to any violation of the DOT/USCG chemical testing regulations, please provide documentation of the applicant /employee's completion of DOT "return-to-duty" requirements, including follow-up tests.

Previous Employer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please FAX the completed form to: Matson

FAX: 510-463-8917

Matson.

Navigation Company

## Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

2022

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a>.</b>
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____ Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)	▶	<b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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**MATSON NAVIGATION COMPANY, INC.**  
**555 12TH STREET, SUITE 800**  
**OAKLAND, CA 94607**

**DIRECT DEPOSIT AUTHORIZATION**  
**OFFSHORE CREWMEMBER**

**Instructions:**

Return this form to the Captain when signing up for an Allotment.  
The Captain will provide a copy of this form to HQ Payroll when submitting Allotments for processing.  
You may select 2 accounts to post deposits to.  
If the account is a joint account, both signers are required to sign this form.  
Please attach a VOIDED CHECK for checking accounts and deposit slip for other accounts. Please print all information.

EMPLOYEE NAME:	LAST 4 SOCIAL SECURITY #:
COMPANY NAME: <u>Matson Navigation Company, Inc.</u>	HOME PHONE NUMBER:
EMAIL ADDRESS:	CELLULAR PHONE NUMBER:

I (we) hereby authorize Matson hereinafter called "company" to take the actions indicated below (circle one).

**New Application      Change in Bank Accounts      Cancellation of Direct Deposit**

Name on Account:	Second Name on Account:
Bank #1 Name:	
Routing Number:	Account type (circle one):      Savings      Checking
Account Number:	<u>ALLOTMENT #1</u>
Name on Account:	Second Name on Account:
Bank #2 Name:	
Routing Number:	Account type (circle one):      Savings      Checking
Account Number:	<u>ALLOTMENT #2</u>

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

SHOULD AN INCORRECT ALLOTMENT BE DEPOSITED TO MY BANK ACCOUNT IN ERROR, I (WE) AUTHORIZE THE COMPANY TO EITHER ENTER A PAYROLL DEDUCTION FOR THE OVERPAYMENT IN A FUTURE PERIOD OR REQUEST I (WE) PROMPTLY REIMBURSE THE COMPANY FOR ANY SUCH OVERPAYMENT.

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_