

INGRAM BARGE COMPANY



Employee Release and Privacy Statement

I understand that the company requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. Therefore, I authorize the Company to investigate my past employment, educational credentials and other employment-related activities. I agree to cooperate in such investigations, and I hereby release the Company and those parties supplying such information to the Company from all liability with respect to information supplied.

I understand that any false answers or statements made by me on this application or any supplement thereto or in connection with the above-mentioned investigations will be sufficient ground for immediate discharge if I am employed.

I agree that the Company may use the information it obtains concerning me in the conduct of its business. I understand that may include disclosure outside the Company in cases where its agents and contractors need such information to perform their functions, where the Company's legal interests and/or obligations are involved, or where there is a medical emergency involving me. I hereby release the Company from any liability and agree to hold harmless any employee of the Company who furnishes such information.

I understand that regular employment may be subject to satisfactorily passing a physical examination conducted by a physician designated by the Company.

If I am employed and at any time suffer personal injuries for which I make a claim, I hereby agree to submit myself to examination by any doctor or doctors selected by the Company and as often as deemed necessary and requested by the Company. Any failure on my part to comply with this request shall result in my claim being considered waived and any legal action dismissed with prejudice. I further agree that in case of injury, where insurance is carried under an employer's compensation law, to waive all actions for damages and accept said insurance.

If hired, I agree to abide by Company policies, rules, and regulations. I understand that employment is at will. Employment is not for a fixed time and may be discontinued, with or without notice or cause, by myself or the Company. I understand that no employee, officer, representative or publication may obligate the Company to anything contrary to the above.