Crew Member Employment Contract

<u>Purpose</u>	
This agreement defines the terms of employment of by (vessel owner) aboard the fishing vess season.	
<u>Term</u>	
This agreement is applicable from through by mutual agreement.	It may be extended
Payment	
The crew member will be paid a crew share of the grounds price landings made while the crew member was working aboard the agreement, calculated in one of the two following ways. Check	boat during the term of this
Payment will be% of the gross landed	value of the catch.
or	
Payment will be% of the net landed value deductions for expenses. Expenses to be deducted in	
food at the rate of \$ per day	
fuel, oil	
gear, including nets, bouys, lines, etc.	
ice	
other (list here)	
If required to perform work on the vessel beyond normal pre-a maintenance and lay-up, the crew member will be paid for that per hour or \$ per day.	• •
Retros and Bonuses	
The crew member (check one) does, or does not receive adjustments, retros, refrigeration or dock delivery bonuses.	a share of post-season price

If the crew member satisfactorily completes the season, including pre-and post-season maintenance, repair and lay-up, the crew member will be paid a bonus of ____% of the gross or net value of the catch as calculated above.

Conditions of Employment

The crew member must perform all duties assigned by the captain and obey all orders. The crew member must at all times behave in a seaman like manner and avoid conflict with other crew members.

No alcohol, illegal drugs or other banned substances are allowed aboard the vessel. Use or possession of such substances is ground for immediate dismissal.

Upon arrival in______ the crew member will quarantine at the vessel's onshore storage location and abide by all State of Alaska and City of ______ ordinances and mandates in regards to COVID 19.

The captain must be kept informed of the crew member's location when in port and the crew member must gain captain's explicit permission to leave the site of quarantine anytime before launching the vessel and departing from the harbor.

The crew member will wear a face mask, provided by the vessel owner, whenever deemed applicable by COVID 19 mandates or the vessel owner.

The crew member will immediately report to the captain if they experience any of the following symptoms fever (stipulated as a temperature of 100.4 or higher), loss or change in taste or smell, cough, shortness of breath, chills, muscle pain, headache, sore throat, and submit to daily temperature checks.

The crew member will engage in no illegal activities during the term of this agreement. The captain will operate the vessel in a safe and legal manner, and will not order crew members to perform unusually dangerous tasks.

<u>Lay-off, Termination, and Voluntary Departure</u>

In the event of slow fishing or failure of the crew member to properly perform duties, the captain may lay off or dismiss the crew member. All earned crew share will be paid.

If the crew member breaches this agreement and leaves en COVID 19 precautions the captain may deduct up to be paid on or shortly after departure.		
Other Provisions		
The following will be provided by (check one): Transportation to and from vessel	Captain	Crew Member
Rain gear, boots, other clothing		
Survival Suit		
Site of quarantine upon arrival for employment		
Crew Member License		
Face Masks		
Other(specify)		
Medical History		
The crew member is required to declare here and upon art following:	rival a previ	ous history of any of the
Fever (stipulated as a temperature of 100.4 or higher), of breath, chills, muscle pain, headache, sore throat, within		• •
Contact with anyone confirmed Positive with COVID	19 anytime լ	orior to arriving in
Travel outside of 50 miles of place of permanent reside excluding travel to report for the season	ence within 2	21 days of arriving in
Back injuries or back pain		
Heart disease		
Diabetes		
Lung disease		
Asthma		
Hernia		

Broken or dislocated limbs, shoulders, h	nips, fingers, etc.	
Allergies, food or diet restrictions, subst	cance sensitivities (smoke, no	oise, dust, etc.)
Severe seasickness		
Alcoholism, drug dependence		
_Other injury or disease that may be aggr	ravated or affect performance	e of duties
If any of the above is checked, describe co treatment:		
Agreed upon by:		
Crew member (printed name)		_
(SSN)		_
(address)		<u> </u>
(phone) (email)		
Emergency contact	phone	_
Crew member signature	date	_
Notary Public signature and seal		
Vessel Owner/Captain signature	date	_