



EMPLOYMENT APPLICATION

- Complete application completely and return to us via e-mail address: work@harbortowingllc.com Use your name as the subject line in the email.
- Incomplete application forms are not considered.
- Willful falsifications render you ineligible for employment or immediate termination if discovered post-hire.
- We are an equal opportunity employer.

POSITION DESIRED

Date of Application _____ What date can you start? _____

Wheelman Deckhand Dispatcher Fleet Hand Office

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle) (Suffix)

Social Security Number: _____

Phone No. _____ Alternate phone No. _____

E-mail Address _____

Nickname(s) _____

FOR OFFICE USE ONLY			
Date Received	Reviewed by: <input type="checkbox"/> GEC <input type="checkbox"/> TGC <input type="checkbox"/> MCN <input type="checkbox"/> JAB <input type="checkbox"/> DSW	Interview Date	Interviewed by <input type="checkbox"/> GEC <input type="checkbox"/> TGC <input type="checkbox"/> MCN <input type="checkbox"/> JAB <input type="checkbox"/> DSW
Conditional Employment Offered Yes <input type="checkbox"/> No <input type="checkbox"/>	Conditional Employment Accepted Yes <input type="checkbox"/> No <input type="checkbox"/>	Position WM <input type="checkbox"/> DH <input type="checkbox"/> DP <input type="checkbox"/> FH <input type="checkbox"/> OFC <input type="checkbox"/>	
Hire Date _____	Starting Pay: \$ _____	Orientation Date _____	
<input type="checkbox"/> Physical and Drug Screen	<input type="checkbox"/> Clothes	<input type="checkbox"/> Work Vest # _____	<input type="checkbox"/> Steel-toed Boots <input type="checkbox"/> HELM
Contact Notes			



HARBOR TOWING & FLEETING, LLC

List addresses for past 15 years beginning with current address (use additional paper if needed)

MO/YR to MO/YR	STREET	CITY, STATE, ZIP

Have you ever been convicted of a criminal offense (do not include parking tickets)? Yes No

A conviction is not an automatic disqualification. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account..

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? Yes No

If you answered 'yes' to either of the above two questions, provide the information below. Use an additional sheet if necessary.

DATE	NATURE OF OFFENSE	WHERE	DISPOSITION/STATUS

Can you supply proof of eligibility to work in the United States? Yes No

If hired, can you furnish proof that you are 18 years of age or older? Yes No

Have you failed or refused a DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you? Yes No

Have you previously worked for our company? Yes No

If yes, when? _____ In what position(s): _____

List relatives and friends employed by our company _____



MARITIME EXPERIENCE

Have you worked aboard a towboat before? Yes No

If yes, horsepower of vessel(s) _____ Max number of barges pushed _____

Are you willing to work a 14/7 schedule and live aboard a vessel? Yes No

What other vessel types have you worked aboard _____

Have you worked offshore on an oil platform? Yes No

Do you have experience working with tank barges? Yes No

Do you have fleet experience Yes No

Are you able to swim? Yes No

Wheelhouse applicants, list the routes on which you are posted

LMR from _____ to _____

UMR from _____ to _____

GICW from _____ to _____

Ohio River from _____ to _____

Tennessee River from _____ to _____

Illinois River from _____ to _____

Missouri River from _____ to _____

Port Allen Route from _____ to _____

Atchafalaya River from _____ to _____

Cumberland River from _____ to _____

Tenn-Tom Waterway from _____ to _____

Black Warrior River from _____ to _____

Other _____

Please list other relevant experience we should consider



MARITIME TRAINING

Have you been trained in Marine Fire Fighting? Yes No

Have you been trained in First Aid/CPR/AED? Yes No

Have you been trained in Benzene Handling? Yes No

Have you been trained in Hazardous Materials? Yes No

Have you been trained in Vapor Recovery? Yes No

Have you been trained in Spill Clean Up? Yes No

Other training we should consider:

MARITIME DOCUMENTATION

PLEASE PROVIDE ORIGINAL DOCUMENTS OF THE FOLLOWING IF YOU HAVE THEM

Do you hold a valid TWIC? Yes No

Do you hold a valid USCG Merchant Mariners Document? Yes No

Do you hold a current USCG Medical Certificate Yes No

Do you hold a current radar observer's license? Yes No

Do you hold a current radio operator's license? Yes No



EMPLOYMENT HISTORY

Account for maritime and non-maritime employment. (If you have been self-employed, please give details such as name of the firm, location and why business was discontinued.) Begin with your most recent job and work back. If additional space is needed, please attach additional sheets.

Name of Employer:			Month	Day	Year
Address:		Employment Started			
City, State, Zip:		Employment Ended			
Phone:	Your Last Job Title:	Starting Salary:			
Fax:		Ending Salary			
Name of Last Supervisor					
Reason for Leaving:					
List all jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked at this company.					
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If No, please explain: _____					

Name of Employer:			Month	Day	Year
Address:		Employment Started			
City, State, Zip:		Employment Ended			
Phone:	Your Last Job Title:	Starting Salary:			
Fax:		Ending Salary			
Name of Last Supervisor					
Reason for Leaving:					
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May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
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List all jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked at this company.					
<p>May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, please explain: _____</p>					

Name of Employer:			Month	Day	Year
Address:		Employment Started			
City, State, Zip:		Employment Ended			
Phone:	Your Last Job Title:	Starting Salary:			
Fax:		Ending Salary			
Name of Last Supervisor					
Reason for Leaving:					
List all jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked at this company.					
<p>May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, please explain: _____</p>					



EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	Highest Grade Completed	Did you Graduate?	Type of Degree Received	Course of Study
GRADE SCHOOL			Yes ___		
			No ___		
HIGH SCHOOL			Yes ___		
			No ___		
COLLEGE			Yes ___		
			No ___		
BUSINESS OR TRADE			Yes ___		
			No ___		
OTHER			Yes ___		
			No ___		

List any academic, professional, trade, civic, or social activities, offices held or other related accomplishments that you believe are relevant to the job for which you are applying. (Exclude those which may indicate race, color, religion, sex, national origin, or any other legally protected class.) _____

MILITARY SERVICE

Branch	Date of Entry	Date of Discharge	Rank at Discharge
Special training or experience:			



REFERENCES

List three people other than relatives and former employers who we may contact for a reference

Name	Address	Phone Number	Relationship

NOTIFICATION

List three persons (not your spouse) that we should notify in the event of an emergency.

Name	Address	Phone Number	Relationship

IF ADDITIONAL SPACE IS NEEDED TO ANSWER ANY PART OF THIS APPLICATION, PLEASE ATTACH ADDITIONAL SHEETS.



IMPORTANT: READ THIS CAREFULLY BEFORE SIGNING & DATING APPLICATION

I certify that the answers given by me on this application are true, correct, and complete, and I understand that falsifying the application (including omitting relevant information) shall disqualify me for employment or be cause for immediate dismissal if employed.

I understand that an offer of employment is conditioned upon

- Holding a valid TWIC for which I am financially responsible for obtaining
- Passing the company's prescribed physical medical examination
- Passing the company's prescribed drug test

I understand that nothing contained in this application or any employee handbook creates an offer of employment or a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I am employed at-will and both I and the company have the right to terminate my employment at any time for any reason or for no reason. No one other than the President of the company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that my application is kept on file for 1 year from date of receipt and if I wish to be considered for employment after that time, I must submit a new application.

I understand that if I am offered employment but decline to accept the offer after 48 hours the offer for employment is automatically rescinded and to be reconsidered, I must be interviewed again with no guarantee of employment being offered a second time.

In the event of employment, I shall comply with all company rules and regulations and shall work all assigned overtime or other special work assignments as requested by the company.

Date

Signature of Applicant

Print Name



AUTHORIZATION FOR GENERAL BACKGROUND CHECK

I, _____, (**print name**) hereby **authorize** the Company and/or its agent(s) to obtain investigative reports involving my character, my employment history, my general reputation, my police record, my personal habits, my mode of living, my credit and indebtedness prior to any offer of employment.

Signature: _____ Date: _____

AUTHORIZATION FOR BACKGROUND CHECK OF PRIOR DRUG OR ALCOHOL USE

I, _____, (**print name**), understand that pursuant to federal regulations, the company conducts background checks on all prospective employees who will perform safety-sensitive duties to determine prior drug or alcohol use.

As an applicant for one of these positions, I hereby **authorize** the Company and/or its agent(s) to obtain and verify with my former employer(s) for the past two years the following information:

1. Alcohol tests with results of .04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested for alcohol and/or drugs;
4. Other violations of DOT drug and alcohol testing regulations; and
5. In the case of a violation of DOT drug and alcohol regulations, the documentation proving my successful completion of DOT return-to-duty requirements.

Signature: _____ Date: _____

REFUSAL TO CONSENT TO BACKGROUND CHECKS

I hereby **refuse** to give the company authorization to perform the above background check(s). I understand that by making this refusal I will not be authorized to work in any safety-sensitive position and, therefore, may not be hired by the company.

Applicant: _____ Date: _____

Company Rep: _____ Date: _____



AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS

I, _____, hereby authorize my former employers to release to the company, the following documents and records relating to my application for employment, employment, and/or termination of employment, including but not limited to the documents and records more specifically described herein:

All personnel and payroll records, applications for employment, resumes and cover letters, job descriptions for positions applied for and/or held, offers of employment, notes and records relating to reference, background, and credit checks, notes and records relating to interviews, orientation, training, and any probationary periods, records referring to or describing benefits available to and/or received by me, requests for promotion or transfer, records relating to grievances, complaints, or claims filed by me or on my behalf regarding any aspect of my employment, performance evaluations or reviews, overtime requested, worked and/or paid for, disciplinary records, investigative records, and all other documents and records relating to my application for employment, employment, and/or resignation or termination of employment.

I hereby release any person and entity producing documents and records in response to this Authorization from liability in connection with the disclosure of such records. I also hereby agree that a photostatic copy of this authorization shall have the same force and effect as the original.

SIGNATURE

NAME (Please Print)

SOCIAL SECURITY NUMBER

DATE