



Job Application

Applicant Information

Full Name: _____			Date of Birth: _____
Last	First	Middle	
Address: _____			Apartment / Unit # _____
City		State	Zip Code
Phone: _____			
Date Available: _____		Social Security Number: _____	
Position Applied for: _____		Desired Pay: \$ _____	
Y N		Y N	
Are you a citizen of the United States?		If no, are you authorized to work in the U.S?	
<input type="checkbox"/> y <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever worked for this company?		If yes, when? _____	
<input type="checkbox"/> yes <input type="checkbox"/> no			
Have you ever been convicted of a felony?		If yes, explain _____	
<input type="checkbox"/> ye <input type="checkbox"/>			

Education

High School: _____	Address: _____
From: _____ To: _____	Did you graduate? Y Yes No N
Technical School: _____	Address: _____
From: _____ To: _____	Did you graduate? Y Yes No N
College: _____	Address: _____
From: _____ To: _____	Did you graduate? Y Yes No N

Professional References (Please list three Work References, No friends or family)

Full Name: _____	Address: _____
Company: _____	Phone: _____
Full Name: _____	Address: _____
Company: _____	Phone: _____

P.O. Box 178, Pass Christian, MS 39571 Phone: (228) 452-0804 Fax: (228) 452-1510
 www.matthewsbrothersinc.net



Job Application

Full Name: _____ Address: _____
 Company: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____
 Responsibilities: _____
 Dates: _____ To: _____ Reason for Leaving: _____
 From: _____
 May we contact your employer? Y Yes No N

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____
 Responsibilities: _____
 Dates: _____ To: _____ Reason for Leaving: _____
 From: _____
 May we contact your employer? Y Yes No N

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Pay: \$ _____ Ending Pay: \$ _____
 Responsibilities: _____
 Dates: _____ To: _____ Reason for Leaving: _____
 From: _____
 May we contact your employer? Y Yes No N

Military Service

Branch: _____ From: _____ To: _____
 Rank at Discharge: _____ Type of Discharge: _____
 If other than honorable, explain: _____



Job Application

Licensing

TWIC # _____	Date and place of Issue: _____
Drivers _____	State of Issue and _____
License #: _____	Expiration _____
U.S. Coast Guard Licenses held and expiration: _____	
Do you have any pending cases with the Coast Guard that are yet to be finalized?	
Y	N

Applicant Information

Can you climb ladders?	Y	Y	N	N
Can you handle heavy lines and hoses?	Y	Y	N	N
Are you able to rapidly don a bulk survival suit?	Y	Y	N	N
Can you swim?	Y	Y	N	N
Do you understand that using alcohol or drugs while working may result in immediate release?	Y	Y	N	N
Have you ever been terminated for alcohol related causes?	Y	Y	N	N
Have you ever been convicted of a crime other than misdemeanors or traffic offenses? If yes please explain in the space below.	Y	Y	N	N

Marine Industry Knowledge

Are you familiar with the dangers of working on a tug?	Y	Y	N	N
Do you understand the importance of teamwork on a tug?	Y	Y	N	N
Are you safe?	Y	Y	N	N
Do you have knowledge of line handling?	Y	Y	N	N
Are you mechanically inclined?	Y	Y	N	N
Are you prepared to be away from home for extended periods during your hitch?	Y	Y	N	N

Captains and Mates Only (this section)

Licensing Specific's (tonnage, areas of operation, etc.) _____
Effective dates and issue No. _____



Job Application

Drivers License Number: _____ State of Issue and Expiration: _____

Please outline the kind of business you worked in - Petroleum, Aggregate, dredging, etc.

List the tugs and their size and HP previously worked on and state the position held - Captain, Relief Captain, Mate, Deckhand, etc.

Disclaimer and Signature

PLEASE READ THIS COMPLETELY.

By signing this application you are acknowledging and consenting to drug testing now, and if hired, often and randomly.

If offered a job I understand that purchasing and wearing safety shoes and other such equipment to protect myself is required.

I understand that any job I may be offered is "at will" and that I can be terminated with our without cause at the option of either my self or my employer.

I understand that I will undergo a pre-employment physical and that this physical and other test may be used to determine by capacity to do the work for which position I am being considered for.

This Company is an Equal Opportunity Employer.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____