



Post Office Box 1135  
 Larose, La 70373  
 Phone: (985) 693-8847  
 Fax: (985) 266-1040

**ANSWER ALL QUESTIONS** contained in this application and any supplement forms for the position you are applying. Please print all answers legibly. Attach copies of appropriate Merchant Mariner's Document(s) with this

Personal Information			Date:	
Last Name	First Name	MI	Home Phone (    )	
Street Address			Cell Phone (    )	
City, State, Zip			Email Address	
<b>Referral-</b> Online <input type="checkbox"/> Employment Agency <input type="checkbox"/> News Paper <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Advertisement <input type="checkbox"/> Current Employee <input type="checkbox"/> Who?			Date Available to start	Date of Birth
Spouse's Email:			Social Security Number	

In Case of an Emergency			
Name	Relationship	Address	Phone (    )

Position		
Position Desired	Area of Operations (Circle interested areas) River                      Gulf Inland                      Offshore	Pay Desired

Education			
High School	Graduate YES      NO	GED YES      NO	Date
College	Graduate YES                      NO		Date
Vocational <b>School</b>	Graduate YES                      NO		Date

Personal History				
Addresses in the last 10 years				
Address 1	Street	City	State	Zip      Country
Address 2	Street	City	State	Zip      Country
Address 3	Street	City	State	Zip      Country



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## Employment

Last 3 jobs or last 10 years

<b>1</b>	Company Name	Phone Number (     )
	Address City, State, Zip	Employed (State Month and Year) From                      To
	Name of Supervisor	Ending Wage
	Job Title	Reason for leaving
DOT Regulated    [    ] Yes    [    ] No		
<b>2</b>	Company Name	Phone Number (     )
	Address City, State, Zip	Employed (State, Month and Year) From                      To
	Name of Supervisor	Ending Wage
	Job Title	Reason for leaving
DOT Regulated    [    ] Yes    [    ] No		
<b>3</b>	Company Name	Phone Number (     )
	Address City, State, Zip	Employed (State, Month and Year) From                      To
	Name of Supervisor	Ending Wage
	Job Title	Reason for leaving
DOT Regulated    [    ] Yes    [    ] No		



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## Qualifications

Are you familiar with the physical and mental requirements of the position for which you are applying? ☐ Yes ☐ No  
If yes, are you physically and mentally able to perform the tasks that may be required by the position for which you are applying?

What accommodations would you need:

Can you swim? ☐ Yes ☐ No Do You suffer from sea/motion sickness? ☐ Yes ☐ No

Have you ever worked or applied for work to this company before? ☐ Yes ☐ No

If yes, when & what position:

Do you have other relatives presently working for Gulf Coast Tugs, Inc.? ☐ Yes ☐ No

If yes give name and position:

Do you hold a Merchants Mariner's Document (MMD)? ☐ Yes ☐ No

MMD Number and Rating: \_\_\_\_\_

USCG Licenses held: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Place of Issue \_\_\_\_\_

Has there ever been or is there currently pending any Warnings, Suspensions, or Fines against you or your license or MMD?

☐ Yes ☐ No **if yes provide details on a separate paper.**

Passport Number: \_\_\_\_\_

TWIC CARD ☐ Yes ☐ No

STCW ☐ Yes ☐ No

### Do you have the agility, strength and flexibility to: (circle one Yes/No)

- |                                             |          |
|---------------------------------------------|----------|
| 1. Climb steep or vertical ladders.         | Yes / No |
| 2. Maintain balance on a moving deck.       | Yes / No |
| 3. Pull heavy fire hoses up to 400 feet.    | Yes / No |
| 4. Lift fully charged fire hoses.           | Yes / No |
| 5. Rapidly don an exposure suit.            | Yes / No |
| 6. Step over door sills of 24 in. height.   | Yes / No |
| 7. Open/Close doors that weigh up to 56lbs. | Yes / No |

If you have any questions about the essential job functions of the position for which you are applying, please contact the personnel manager.

### **DECKHANDS**

If applying for **Ordinary Seaman's** position, indicate the following:

Date of issuance—Z-Card \_\_\_\_\_

Name vessels you have been employed on and length of employment: \_\_\_\_\_

Are you legally authorized to work in the United States ☐ Yes ☐ No

Have you served in the Armed Forces ☐ Yes ☐ No

If so, which Branch- Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ Active Reserves ☐

Type of Discharge: Honorable ☐ Other than Honorable ☐



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## Criminal Background and DOT Drug/Alcohol Violations

Have you ever been convicted of or plead guilty to a felony?  
☐ Yes ☐ No

Date of conviction

Location and sentence

Have you ever been convicted of or plead guilty to any crime  
 Involving possession, distribution of, or intent to distribute  
 Controlled substances, drugs, or narcotics?  
☐ Yes ☐ No

Date of conviction

Location and sentence

Have you ever been convicted of or plead guilty to any crime  
 involving violence or dishonest, including forgery, theft, battery  
 Or assault?  
☐ Yes ☐ No

Date of conviction

Location and sentence

Have you ever tested positive, or refused to test, on **any** pre-employment, reasonable cause, random, follow-up or post accident  
 or alcohol test? \_\_\_\_\_Yes \_\_\_\_\_No (**initials required by selection**)

By regulations that went into effect on August 1, 2001, you must complete the attached drug and alcohol testing information  
 employee consent and certification forms.

Are you currently on probations or parole? ☐ Yes ☐ No

If yes, are there any restrictions which would prohibit you from Interstate or Foreign travel? \_\_\_\_\_

Has your driver's license ever been suspended? ☐ Yes ☐ No If yes, state where, date of suspension and length, and  
 current status: