

GULFPORT TOWING

careers@enbisso.com

Application for Marine Employment

APPLICANTS – PLEASE READ THE FOLLOWING CAREFULLY

Please answer all questions completely and accurately. False or misleading statements during the pre-employment interview, post-offer interview and hiring process and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration for positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. **Under federal and state law and in accordance with company policy, testing for the presence of illegal and unauthorized drugs and/or alcohol is required prior to employment and random testing of both is required during your employment with Gulfport Towing.**

U.S.C.G. rated and/or licensed applicants must present an original and valid Merchant Mariner's Credential (MMC), U.S. Coast Guard medical card as well as a valid Transportation Worker Identity Card (TWIC) card for review and copying.

References may be checked prior to an offer of employment. After an offer of employment, and prior to reporting to work on a vessel, you are required to submit to medical review at which you may be required to truthfully and accurately complete a medical history form. Depending upon the results of your physical as well as applicable company policy, federal and state law and the particular requirements of the position, you may be required to be further examined by a medical professional designated by the company prior to a vessel assignment.

GENERAL INFORMATION

Name: _____ Today's Date: _____

Mailing Address: _____

City, State, Zip Code _____

Home Tel #: _____ Cell Tel #: _____

E-mail address: _____ Alternative Contact Info: _____

In case of accident notify: _____ Relationship: _____

Mailing Address: _____

City, State, Zip Code _____

Home Tel #: _____ Cell Tel #: _____

Are you a U.S. citizen or do you have a legal right to work in the United States? Yes No

Have you ever been drug-tested as a condition of hiring or marine employment?

Yes No If yes, when? _____

Have you ever failed any pre-employment drug test or alcohol test? Yes No

If yes, when and why? _____

Have you recently used any illegal substances, including marijuana or any unauthorized prescription drugs? Yes No

Do you have an authorization to use marijuana for medical reasons? Yes No

Where you ever a member of the United States Armed Forces? Yes No

If yes, what branch: _____ Dates of service: _____

Date of and Type of Discharge: _____

List duties in the service, including any special training: _____

Have you ever been convicted of any crimes such as any felonies, serious misdemeanors and/or serious moving violations (including Driving or Boating While Intoxicated (D/BWI) or Driving or Boating Under the Influence/or While Impaired (D/BUI) of Alcohol or Illegal Drugs) within the past 7 years?

Yes No If Yes, When: _____

Note: A conviction will not necessarily disqualify you from consideration of employment.

If you checked "Yes" to the previous question, what court(s) convicted you and when? Add any details you feel are important or that mitigate the offense(s):

Position applied for: _____ Day Rate Desired: _____

When are you available to report for work? _____

Do you have any objections to travel as part of your job? Yes No

Have you ever worked for this company before? Yes No If yes, when? _____

In what job or position(s): _____

Why was employment with Gulfport Towing terminated? _____

Does any former employer restrict or prohibit your free employment with Gulfport Towing?

Yes No

MERCHANT MARINER CREDENTIALS

Do you have a valid U.S.C.G. Merchant Mariner's Credential (MMC)? Yes No

List Ratings and Limitations of MMC or MMD: _____

Mariner's Reference No.: _____ Date of Issue: _____

Are you STCW-95 qualified? Yes No Have you completed Basic Safety Training? Yes No

STCW Ratings: _____

Do you have a completed Towing Officers' Assessment Record (TOAR)? Yes No

List Routes Assessed: _____

Do you have or did you ever have a U.S.C.G. license, rating or MMC? Yes No

License or MMC No.: _____ Issue No.: _____ Exp. Date _____

List Licenses, Pilotage Routes, Radar Endorsement, Tonnage Limitations (if any):

Do you hold a valid Transportation Worker Identity Card (TWIC)? Yes No

Has your U.S.C.G. MMC, MMD ("Z-Card") and/or License ever been revoked and/or suspended or have you been subject to an official inquiry by the U.S.C.G. for any reason? Yes No

Has a Letter of Warning ever been issued against you? Yes No

Note: Revocation or Suspension Actions against your MMC, Coast Guard License or Merchant Mariner's Document (Z-Card) will not necessarily disqualify you from consideration of employment.

If you checked "Yes" to the previous question, please explain the circumstances of such an action:

Please attach a legible copy of all pages from your U.S.C.G. MMC showing STCW certification(s) and national endorsements as well as a copy of your TWIC (or the completed application).

WORK EXPERIENCE	Please give your work history for the last 5 years beginning with the most recent job held. Use the next page if needed to completely document the last 5 years of your employment. <i>Your application will be considered incomplete without this information.</i>					
	Name of Employer:	Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:	Your Last Job Title:	Starting Salary:				
Fax:		Ending Salary:				
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there.						

May we contact your present employer? Yes No

Name of Employer:	Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:		
City, State, Zip:			Employment Ended:		
Phone:	Your Last Job Title:	Starting Salary:			
Fax:		Ending Salary:			
Reason for Leaving:					
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there.					

Name of Employer:	Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:		
City, State, Zip:			Employment Ended:		
Phone:	Your Last Job Title:	Starting Salary:			
Fax:		Ending Salary:			
Reason for Leaving:					
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there.					

Name of Employer:	Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:		
City, State, Zip:			Employment Ended:		
Phone:	Your Last Job Title:	Starting Salary:			
Fax:		Ending Salary:			
Reason for Leaving:					
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there.					

WORK EXPERIENCE		Please continue giving your work history for the last 5 years on this page if necessary.				
Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there.						

Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there:						

Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there.						

Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked at this company.						

WORK-RELATED SKILLS

List any special training or skills (welding, rigging, heavy equipment operations, diesel engine repair, etc.) relevant to the position for which you are applying: _____

Can you swim? Yes, I can swim well I'm not a good swimmer I can't swim at all

Please list any other experience, certifications or special qualifications that you feel that would qualify you for the job for which you are applying:

EDUCATION

Name of School	Address of School	Last Grade Completed	Did you graduate?	Course of Study Or Degree Completed
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have a high school diploma or GED? Yes No Can you provide a copy? Yes No

Do you have a valid driver's license? Yes No If yes, from what state? _____

List any restrictions on your driver's license _____

REFERENCES

Please list three references with knowledge of your qualifications to perform the job for which you are applying.

Name, Relationship to you, Address and Telephone Number(s)

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APPLICANT'S CERTIFICATION AND RELEASE

Applicant's Printed Name: _____

READ CAREFULLY BEFORE INITIALING AND SIGNING.

I certify that I that the all of answers and statements made by me on this application are true and complete to the best of my personal knowledge and belief. I understand that any material misrepresentations of facts called for in this application or during a company medical exam related to employment will result in the rejection of my application or may even result in discipline or termination of employment at any time during the period of my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any information given by me in this application or any subsequent interview during the hiring process. **Initials** _____

I authorize all persons, schools, companies (including any of my former employers) and any local, state and federal government agencies, including but not limited to, the U.S to release any information concerning me and for Gulfport Towing to release such information to any persons, companies (including any subsequent employers), government agencies or entities. I hereby completely release Gulfport Towing and any other said persons, schools, companies, government agencies and law enforcement authorities from any liability whatsoever for any alleged damage of any kind for seeking and/or releasing this information. **Initials** _____

Because I may be required to operate a company vehicle during my employment at Gulfport Towing, I expressly agree to have and to maintain a valid driver's license during my employment. I agree that I will permit the inspection of my driver's license by a company supervisor upon reasonable request. I also expressly agree to permit a motor vehicle records check to verify the validity of my driver's license. I furthermore agree to execute any and all authorization forms that may be reasonably required for such a motor vehicle records check. **Initials** _____

I understand that the use of illegal drugs, non-prescribed/unauthorized medications and/or any alcohol consumption on the company's premises, on its vessels, in company vehicles, or on the company's customers' property or while work is being performed for such customers are prohibited during employment. I understand that I must submit to mandatory drug and alcohol testing to detect the use of drugs and alcohol prior to and from time to time during my employment in accordance with applicable federal and state law and company policies/procedures. **Initials** _____

I expressly agree that criminal and civil records and other background checks about me can be conducted by the company or by its agents if I am considered for employment, and after being employed, at any time. **Initials** _____

I certify that I have carefully read and that I understand all of the paragraphs on this page. I also understand that because employment at Gulfport Towing is at will, this application is neither an offer for, nor a guarantee of, any employment by the company.

APPLICANT'S SIGNATURE

DATE