

**EMPLOYMENT APPLICATION**                           **DATE**

To be considered, all job applicants must fill out this form completely. All applications will be kept on file for 6 months.

NAME IN FULL (FIRST, MIDDLE, LAST) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

PERMANENT HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ RELATION: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ If job moves from present location will you accept employment on new location?  
 YES: \_\_\_\_\_ NO: \_\_\_\_\_

IMPORTANT! Give Name and Address of Three Last Employers:      EMPLOYED

Name of Employer:	Address	From:	To:	KIND OF WORK DONE:

Have You Had A Physical Examination In The Past 5 Years?      YES: \_\_\_\_\_ NO: \_\_\_\_\_      HEIGHT: \_\_\_\_\_  
 Would You Be Willing To Take A Physical Examination If Required?      YES: \_\_\_\_\_ NO: \_\_\_\_\_      WEIGHT: \_\_\_\_\_  
 To Your Knowledge Do You Have Or Have You Ever Had Any Of The Following Ailments? (Check yes or no.)

YES	NO	YES	NO	YES	NO
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever had an on the job injury?      YES \_\_\_\_\_ NO \_\_\_\_\_      If answer is yes to preceding question complete below:

Employer at Time of Injury:	Approximate Date of Injury:	Nature of Injury:	Were You Disabled?	Time off	Was a Claim for benefits made?
			YES _____ NO _____	from work	YES _____ NO _____

Will You Abide By The Safety Rules Of This Company?      YES: \_\_\_\_\_ NO: \_\_\_\_\_

If injured, will you accept the medical facilities recommended by your employer?      YES: \_\_\_\_\_ NO: \_\_\_\_\_

Have You Ever Been Arrested/Charged for a Criminal Offense (do not include parking tickets.)      YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES:	NATURE OF CHARGE	WHERE:	DATE:	DISPOSITION OF OFFENSE

**READ THE FOLLOWING CAREFULLY**

I hereby declare that I am not disabled in any way which would prevent me from steadily performing all the work applied for in this application, and that the above information is complete and accurate to the best of my knowledge and belief. I agree that my employment is based on the facts that I have given, and any intentional misrepresentation on my part will constitute a release to the employer that he may encounter by having acted on such facts, and also constitute grounds for my dismissal.

Under the provisions of the Fair Credit Reporting Act, 15 U.S.C., Sec. 1681, et seq. notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your credit worthiness, character, general reputation, personal characteristics, and mode of living, which will be used for employment purposes. An investigation into your worker's compensation or industrial accident background may also be conducted.

You are further advised under said act that any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request made by the consumer within a reasonable period of time after the receipt by him of the disclosure required by subsection 1681 (d), shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure from the consumer or such report was first requested, whichever is the latter.

You are further advised that if you are denied employment, either wholly or partly, because of information in a consumer report as that term is defined in the Fair Credit Reporting Act, that a disclosure will be made to you of the name and address of the consumer reporting agency making such report.

I, the undersigned, have read the above and foregoing notice and understand same. I hereby authorize the above company to investigate and verify the facts stated by me in this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Eligible for Reemployment: \_\_\_\_\_

**THIRD COAST TOWING, LLC**  
**Marine Transportation**  
**600 Leopard Street, Suite 1704**  
**Corpus Christi, TX 78473**

Notice to all applicants:

Third Coast Towing, LLC requires a drug and alcohol screen before employment with the company. All employees are subject to a random testing program.

Have you ever failed or refused to participate in a chemical test for dangerous drugs or alcohol?

Yes

No

If an employee does not stay with the company for a full two months, the cost of the drug and alcohol screen will be deducted from your paycheck.

I understand the company policy regarding drug and alcohol screening and will abide by this company policy.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date