



## Job Application

Applicant Information																	
Full Name:								Date:									
<i>Last</i>						<i>First</i>			<i>M.I.</i>								
Address:																	
<i>Street Address</i>								<i>Apartment/Unit #</i>									
<i>City</i>								<i>State</i>		<i>ZIP Code</i>							
Phone:				(    )				Cell:									
Date Available:						Social Security No.:						Desired Pay:		\$			
Position Applied for:																	
Are you a citizen of the United States?				YES		NO		If no, are you authorized to work in the U.S.?				YES		NO			
Have you ever worked for this company?				YES		NO		If yes, when?									
Have you ever been convicted of a felony?				YES		NO		If yes explain:									
High School:								Address:									
From:				To:				Did you graduate?		YES		NO					
Technical School:								Address:									
From:				To:				Did you graduate?		YES		NO		Degree:			
College:								Address:									
From:				To:				Did you graduate?		YES		NO		Degree:			
<i>Please list three references.</i>																	
Full Name:								Relationship:									
Company:								Phone:									
Address:																	
Full Name:								Relationship:									
Company:								Phone:									
Address:																	



Full Name:				Relationship:				
Company:				Phone:				
Address:								
<b>Previous Employment</b>								
Company:				Phone:				
Address:				Supervisor:				
Position:			Starting Pay:	\$			Ending Pay:	\$
Duties:								
Dates From:		To:		Reason for Leaving:				
May we contact your employer:				YES	NO			
Company:				Phone:				
Address:				Supervisor:				
Job Title:			Starting Pay:	\$			Ending Pay:	\$
Responsibilities:								
Dates From:		To:		Reason for Leaving:				
May we contact your employer?				YES	NO			
Company:				Phone:				
Address:				Supervisor:				
Job Title:			Starting Pay:	\$			Ending Pay:	\$
Responsibilities:								
Dates From:		To:		Reason for Leaving:				
May we contact your employer?				YES	NO			
<b>Military Service</b>								
Branch:				From:		To:		
Rank at Discharge:				Type of Discharge:				
If other than honorable, explain:								



Licensing			
Z Card #:		Date and place of issue:	
Drivers License number:		State of issue and expiration:	
USCG Licenses held and expiration:			
Do you have any pending cases with the Coast Guard that are yet to be finalized?			

Can you climb ladders?	YES	NO
Can you handle heavy lines and hoses?	YES	NO
Can you move freely and rapidly in narrow spaces?	YES	NO
Are you able to rapidly don a bulky survival suit?	YES	NO
Can you swim?	YES	NO
Do you understand that using alcohol or drugs while working will result in immediate release?	YES	NO

Have you ever been terminated for drug or alcohol related causes?	YES	NO
Have you ever tested positive, or refused to test on any pre-employment, reasonable cause, random, follow-up or post accident drug or alcohol test?	YES	NO
Have you ever been convicted of a crime other than misdemeanors or traffic offenses? If yes please explain in this space:	YES	NO

Marine Industry Knowledge		
Are you familiar with the dangers of working on a tug?	YES	NO
Do you understand the importance of teamwork on a tug?	YES	NO
Are you safe?	YES	NO
Do you have knowledge of line handling?	YES	NO
Are you mechanically inclined?	YES	NO
Are you prepared to be away from home for extended periods during your "hitch"?	YES	NO



Captains and Mates Only					
Licensing specifics:		Effective dates and Issue No:		To:	
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, R Captain, Mate:					

Disclaimer and Signature			
<b>PLEASE READ THIS COMPLETELY.</b>			
<b>By signing this application you are acknowledging and consenting to drug testing now, and if hired, often and randomly.</b>			
<b>If offered a job I understand that purchasing and wearing safety shoes, hard hat, work vest and other such equipment to protect myself is required.</b>			
<b>I understand that any job I may be offered is “at will” and that I can be terminated with or without cause at the option of either myself or Matthews Brothers, Inc.</b>			
<b>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 I being hired for.</b>			
<b>This Company is an Equal Opportunity Employer</b>			
<b>I certify that my answers are true and complete to the best of my knowledge.</b>			
<b>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</b>			
Signature:		Date:	