

Application

Date: _____

Echo Towing Service Inc.

P.O. Box 446
Baytown, Texas 77522

Name: _____
Last First MI

Position Applied For: _____

THIS APPLICATION WILL BE CONSIDERED CURRENT FOR 90 DAYS FROM THIS DATE,
AFTER THAT IT MUST BE RENEWED TO BE CONSIDERED. ALL APPLICABLE
QUESTIONS MUST BE ANSWERED FOR THIS APPLICATION TO BE CONSIDERED

PLEASE PRINT

Date of Application: _____

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

D.L. # and State: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact: Name: _____ Phone Number: _____

Position Desired: Wheelman [] Deckhand [] Other []

Schedule Desired: [] 14 days on, 7 days off [] 7 days on, 7 days off

Transportation Workers Identification Credential (TWIC) [] yes [] no

On what date will you be able to begin work: _____

What is your desired day rate or salary: _____

Can you perform the essential functions of the position for which you are applying? YES [] NO []
If no, please explain, (If you have any question as to what functions are applicable to the position for which you applying, please ask the interviewer before you answer the question.)

Have you ever worked for this company before? YES [] NO [] if yes, where? _____

When? From: _____ to: _____ Job Title: _____

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONIFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS.

Have you ever been convicted of a class B/A misdemeanor, felony, or criminal violation other than a minor traffic infraction within the past 10 years? YES [] NO []

If yes, please explain:

(Disclosing a conviction will not necessarily result in a denial of employment. However, providing a false or misleading answer will result in denial of employment or termination if disclosed after hire.)

Have you ever been discharged (Fired) or asked to resign from any employment? YES [] NO []

Explain: _____

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EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
Vocational or Trade School				
Vocational or Trade School				
College				
College				

CURRENT EMPLOYMENT (Start with your current position)

Are you presently employed? YES [] NO [] If yes, may we contact your employer? YES [] NO []

If presently employed, why are you considering leaving?

Name of Employer	Telephone
Full Address (Including Street, City, State & Zip)	Supervisor's Name and Title
Dates Employed From: _____ To: _____	Beginning Position/Ending Position
Describe Your Job Duties & Responsibilities:	Starting Pay: \$ Ending Pay: \$
Reason For Leaving	

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Describe Your Job Duties & Responsibilities:	Starting Pay: \$ Ending Pay: \$
Reason For Leaving	

PERSONAL OR PROFESSIONAL REFERENCES

#1. Name	Occupation
Relationship to You	Is this a company employee?
Full Address (Including street, City, State & Zip)	Telephone Number
#2. Name	Occupation
Relationship to You	Is this a company employee?
Full Address (Including street, City, State & Zip)	Telephone Number
#3. Name	Occupation
Relationship to You	Is this a company employee?
Full Address (Including street, City, State & Zip)	Telephone Number

RECRUITMENT SOURCE

How did you hear about us?

Magazine

Company Employee

Your School

Internet

Worked with or seen
our vessels

Other (please explain below)

Job Fair

Are you related to a company employee? YES NO

If yes, please give your relative's name and vessel or office assignment:

What is your relationship to this employee? _____

EMPLOYMENT ELIGIBILITY

Are you at least 18 years old? YES NO

Only U.S. citizens or aliens who have a legal right to work in the USA are eligible for employment. If hired, can you provide genuine documentation establishing your identity and eligibility to be legally employed in the United States of America? YES NO

US COAST GUARD CREDENTIALS

What rating is endorsed on your Merchant Mariner's License?

- OS/Wiper/SD AB OSV AB Limited Other _____
 QMED/Oiler AB Special AB Unlimited

What is the capacity of your US Coast Guard License? (Please check all that apply & fill in tonnage limitations)

- Master, _____ Gross Registered Tons (Domestic), _____ Gross Tons (ITC)
 Master of Towing Vessels Upon: Oceans, Near Coastal, Western Rivers/Tonnage Limit _____

- *****
 Chief Mate Unlimited, Second Mate Unlimited, Third Mate Unlimited
 Mate, _____ Gross Registered Tons (Domestic), _____ Gross Tons (ITC)
 Mate of Towing Vessels Upon; Oceans, Near Coastal, Western Rivers/Tonnage Limit _____

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 Chief Engineer Unlimited Limited Offshore Supply Vessels, Limited to _____ Tons, _____ HP
 First Assistant Engineer, Second Assistant Engineer, Third Assistant Engineer
 Designated Duty Engineer, 1,000 HP, 4,000 HP, Unlimited / Any Horsepower
 Near Coastal, Upon Oceans, Gas Turbines

ENDORSEMENTS, CERTIFICATIONS & TRADING

Please check all that apply to you:

- | | | |
|---|---|---|
| <input type="checkbox"/> First Class Pilot | <input type="checkbox"/> Basic Safety Training | <input type="checkbox"/> Advanced Firefighting |
| <input type="checkbox"/> Oceans | <input type="checkbox"/> STCW-95 | <input type="checkbox"/> Hazwoper |
| <input type="checkbox"/> DP Induction | <input type="checkbox"/> Lifeboatman | <input type="checkbox"/> Hydrogen Sulfide (H25) |
| <input type="checkbox"/> DP Simulator | <input type="checkbox"/> Medical Care Provider | <input type="checkbox"/> Tankerman PIC |
| <input type="checkbox"/> DP Operations Certificate | <input type="checkbox"/> Medical Person in Charge | <input type="checkbox"/> Confined Space Entry |
| <input type="checkbox"/> GMDSS | <input type="checkbox"/> Passport | <input type="checkbox"/> Certified Rigger (5 th Edition) |
| <input type="checkbox"/> ARPA | <input type="checkbox"/> OMSA Designated Assessor | <input type="checkbox"/> Certified Crane Operator |
| <input type="checkbox"/> Bridge Resource Management | <input type="checkbox"/> ABS Internal Auditor | <input type="checkbox"/> ServSafe |

Please provide copies of all Licenses, Endorsements and Certifications

Do you have a valid passport? YES NO If yes, give # and Expiration Date: _____

Are you a Veteran of the US Military? YES NO If yes, What branch of Service. _____

What were your dates of enlistment? From: _____ To: _____

Do you have a current Security Clearance? YES NO , If yes, what type: _____

Applicant Certification:

- **I am hereby requesting consideration for employment with Echo Towing Service Inc. By signing below:**
- **I understand that this application for employment will remain valid for a period of ninety (90) days. If I wish to be considered for employment after that point, I must resubmit another application.**
- **I authorize you to investigate all information and statements provided in this application and communicate with persons listed as references, former employers, and any others with whom you desire to check. I release from all liability and responsibility all individuals or entities supplying or collecting such information. I also authorize, and understand a criminal and civil background check may be completed prior to, or at any point during employment.**
- **I affirm that the information I have provided in this employment application is accurate and complete. Any misrepresentations, deception, or false statement made in this Employment Application may result in my not being considered for employment, and if not discovered by the Company until after my becoming employed, is grounds for and can lead to immediate termination, regardless of the length of time between application and discovery.**
- **In consideration of my employment, if I am employed, I agree to conform to the employment policies, safety policies and procedures, and I understand that my employment and compensation are “at will” can be terminated, with or without notice, at any time, at the option of either the Company or me. I understand that no representative of the Company, other than the President, has the authority to enter into any agreement for employment for a specified period of time, or to make any agreement any agreement contrary to the foregoing. I further understand that no statement or representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. The company may alter the terms of my employment at any time, including but not limited to expenses incurred by the company.**
- **I affirm that I have voluntarily sought employment with a Texas-based company and therefore will fall under the jurisdiction of Texas employment law. Any disputes arising from my employment with {Echo Towing Service Inc} will be settled within the state of Texas**
- **A drug screening and physical exam are required if an offer of employment is made. Failure to successfully complete the required drug screen or physical exam, a positive result of the drug screen, or failure to meet the minimum physical requirements of the job which you have been offered will result in the withdrawal of the employment offer.**
- **I agree, if employed and an injury or illness occurs while working, to provide the company access to all medical records related to the diagnosis and treatment o the injury.**

- I understand I may be required to take a qualification test, based on the requirements of the position, and hold harmless the company for any injury incurred during such test.
- If employed, I agree to allow the company to deduct from my wages any money owed to the company for tools, equipment, uniforms and/or wage advances.
- I understand that any physical altercation, creation of a hostile work environment or discrimination based on sexual discrimination, race, religion, or sex will result in immediate termination.
- Consent to video severance and random checks of personnel and or personal equipment.
- Theft of company property will result in immediate termination.

Applicant Signature

Date

Printed Name of Applicant

Medical History Questionnaire (Post Job Offer)

Your Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Hired Position: _____ Today's Date: _____

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1. Please list all medications that you are currently taking and why. (Both prescription and over the counter) _____

2. Have you ever had any work restrictions? (temporary or permanent) YES [] NO []
If yes, explain: _____

3. Have you ever had work-related injury / illness that caused you to miss more than 1 day of work?
YES [] NO [] If yes, please explain: _____

4. Do you have a disability which requires an accommodation? YES [] NO []
if yes, explain: _____

I attest that the response to the above questions were supplied by me and are truthful and accurate. I understand that the completed questionnaire will be supplied to a representative of { Company name} who may contact me with follow-up questions regarding my responses.

Signature

Date

Submit Via E-mail

Equal Opportunity Employer