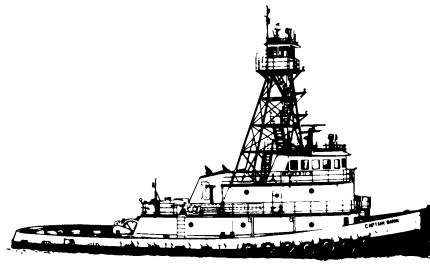


3670 S. Westshore Blvd  
Tampa, Florida 33629  
Telephone: (813) 251-5100  
Fax: (813) 251-3900

# Dann Ocean Towing, Inc.



## APPLICATION FOR EMPLOYMENT

**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 or License with this application.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(Area Code) (Number)

Alternate Contact Telephone Numbers: \_\_\_\_\_  
(Area Code) (Number) (Relationship)  
\_\_\_\_\_  
(Area Code) (Number) (Relationship)

Position for which you are applying: \_\_\_\_\_

Do you hold a Merchant 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.**

Do You have a TWIC Card? \_\_\_\_\_ Yes/No Do you have an STCW Certificate? \_\_\_\_\_ Yes/No

Passport Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Have you filed an application here before?: \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes when?: \_\_\_\_\_

Have you ever been employed here before?: \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes when?: \_\_\_\_\_

Have you been convicted of a crime (misdemeanor or felony) in the past 10 years?: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please state the circumstances including where and date:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently under arrest for any crime which has yet to be finalized, pending trial?: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Please state the circumstances including where and date: \_\_\_\_\_

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 (INITIALS REQUIRED BY SELECTION)

BY REGULATIONS THAT WENT INTO EFFECT ON 01 AUGUST 2001, YOU MUST COMPLETE THE ATTACHED DRUG AND ALCOHOL TESTING INFORMATION EMPLOYEE CONSENT AND CERTIFICATION FORMS.

Have you ever been convicted of drug or alcohol abuse? \_\_\_\_\_ If yes, state where, date of conviction and sentence: \_\_\_\_\_

Are you currently on probation 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: \_\_\_\_\_

**CAPTAINS/MATES ONLY:**

List routes for which you hold pilotage or qualifying trips: \_\_\_\_\_

Name the tugs that you have operated. Indicate whether Captain or Mate, length, width and draft, type of engines and horsepower: \_\_\_\_\_

Nature of vessel towed: Name barge, length, width, draft (light and loaded), gross weight and type of cargo: \_\_\_\_\_

**ENGINEERS ONLY:**

Name the boats you have worked on and in what capacity (type of Main Engine, Generators and Gears): \_\_\_\_\_

**ENGINEERS ONLY: (CON'T)**

How much do you know about the following? (1) great deal (2) fair amount (3) little (4) none  
Circle only one on each line.

Electrical	(1)	(2)	(3)	(4)
Hydraulics	(1)	(2)	(3)	(4)
Plumbing	(1)	(2)	(3)	(4)

**DECKHANDS AND AB APPLICANTS ONLY:**

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

Date of issuance--Z Card \_\_\_\_\_

Rating \_\_\_\_\_

Name vessels you have been employed on, length of employment and in what capacity:

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

Date of issuance--Z-Card \_\_\_\_\_

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

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<b><u>EDUCATION:</u></b>	<b>SCHOOL NAME &amp; LOCATION</b>	<b>YEARS ATTENDED</b>	<b>DATE GRADUATED</b>
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Grammar School			
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High School			
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College			
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List any trade schools or special training received, include the year(s) attended. If job related, include military experience:

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List employment for at least the past 10 years with last or present employer listed first:

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates employed: \_\_\_\_\_ To: \_\_\_\_\_  
Salary (start): \_\_\_\_\_ (ending) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ To \_\_\_\_\_  
Salary (start): \_\_\_\_\_ (ending) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ To \_\_\_\_\_  
Salary (start): \_\_\_\_\_ (ending) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ To \_\_\_\_\_  
Salary (start) \_\_\_\_\_ (ending) \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**ADDRESSES FOR LAST 10 YEARS (MUST COMPLETE)**

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State the number of times you were absent from work during the last 12 months for reasons unrelated to a disability, your own serious health condition or to care for a child, spouse, parent or dependent grandparent with a serious health condition?: \_\_\_\_\_

State the number of times you missed a crew change during your last 12 months for reasons unrelated to a disability, your own serious health condition or to care for a child, spouse, parent or dependent grandparent with a serious condition?: \_\_\_\_\_

**Do you have the agility, strength and flexibility to (Circle one Y/N)**

- |                                                 |   |   |   |
|-------------------------------------------------|---|---|---|
| 1. Climb steep or verticle ladders.             | Y | / | N |
| 2. Maintain balance on a moving deck.           | Y | / | N |
| 3. Pull heavy fire hoses up to 400 feet.        | Y | / | N |
| 4. Lift fully charged fire hoses.               | Y | / | N |
| 5. Rapidly don an exposure suit.                | Y | / | N |
| 6. Step over door sills of 24 inches in height. | Y | / | N |
| 7. Open/close doors that weigh up to 56 lbs.    | Y | / | N |

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

**Please read the statements below, if you have any questions, ask before you sign and date.**

I understand that this application will be considered "active" for ninety (90) calendar days from the date of application. If I have not obtained employment with Dann Ocean Towing, Inc. within 90 calendar days and remain interested in obtaining employment, then I must notify Dann Ocean Towing, Inc. in writing of my intention.

I understand further that any misstatements or material omissions in this application may result in a decision not to hire, or discharge if discovered at any time after hire.

If employed, I agree to conform to the rules and regulations of Dann Ocean Towing. I also agree that, just as I have, if hired, the right to resign my employment and compensation may be terminated with or without cause, and with or without notice, at any time at the option of either myself or Dann Ocean Towing. I understand that my employment is not for any specific period of time.

I hereby represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **Pre-Employment Agreement**

I freely and voluntarily agree to submit to urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify accordingly to the minimum standards established by the company for this screen may disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company I may again be required to submit to a regular urinalysis screening. I understand that refusal to take a requested urinalysis screen may result in immediate suspension or discharge.

I have read in full and understand the above statements and conditions of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**APPLICANT, PLEASE COMPLETE AND SIGN THIS AUTHORIZATION**

APPLICANT NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
 CURRENT ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_  
 PRIOR ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ LAST 4-SSN No. XXX-XX- \_\_\_\_\_  
 PROFESSIONAL LICENSE NO. \_\_\_\_\_ TYPE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

**AUTHORIZATION AND RELEASE OF LIABILITY  
INFORMED CONSENT TO REFERENCE CHECK**

I hereby authorize without reservation, any party or agency contacted by this employer or agent of this company, to furnish the requested information. I understand that an employment decision and my continued employment with Dann Ocean Towing, Inc. may be subject to the results of these inquiries.

I hereby release, without reservation, any company or party giving or receiving any such information for any purpose related to my employment from any liability which may result of information disclosed by such contacts.

I hereby release and forever discharge, without reservation, Dann Ocean Towing, Inc. (including its directors, officers, employees, its agents, contractors, and subcontractors) and my past and/or present employers (their directors, officers, employees, and agents) from any liabilities that may result from the verification of my employment and/or from the disclosure of any information requested by Dann Ocean Towing, Inc.

APPLICANT SIGNATURE \_\_\_\_\_  
 PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_