



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

- Are you at least 18 years old? YES NO
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 filled an application with us? YES NO If yes, when?
Are you currently employed? YES NO If yes, may we contact you present employer? YES NO
Have you have a valid Driver's License? YES NO Driver's License Number:
Have you ever been convicted of a felony or misdemeanor charges? YES NO
Have you had a D.W.I in the last 3 years? YES NO
Have you had more the 2 moving violations in the past 3 years? YES NO
Are you currently on probation or have charges pending? YES NO
Can you pass a Drug and Alcohol Screen? YES NO
Can you pass all aspects of a U.S. Coast Guard physical examination? If you are unsure of the requirements ask to have them explained to you before you initial? YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Vocational Training

Course:	School:	Date:	Certificate: Y/N
Deckhand Training			
Tankerman PIC			
Tank Barge Firefighting			
Liquefied Gas			
Other			

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Marine Experience and Documentation

Do you hold a U.S. Coast Guard Merchant Mariner's Document? YES NO

If Yes, what grade:		Original Issue Date:	
Issue Location:		Most Recent Renewal Date:	

Do you have experience in the following types of cargo transfer operations?

Chemicals:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Black Oil/Hot Oil	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Double-Up	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Split Cargo	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Vapor Recovery	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Have you been trained in the following?

Benzene Handling	If yes, date:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Hazardous Materials	If yes, date:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Vapor Recovery	If yes, date:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Split Mitigation	If yes, date:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
First Aid CPR	If yes, date:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Previous Employment

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

- *We consider applications without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veterans status, or sexual orientation.*
- *I certify that my answers are true and complete to the best of my knowledge.*
- *If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*
- *Please submit completed application to: hr@atlasmarinellc.com*

Signature: _____ Date: _____

