



# LEBEOUF BROS. TOWING, LLC

P. O. Box 9036, Houma, LA 70361

Phone: (985) 594-6691 Fax: (985) 594-9246

## Equal Opportunity Employer

### Employment Application

**Note:** All information must be provided for this application to be considered. Applications for Unlicensed Vessel and Entry-level Office position will remain valid for **60 days** from date of receipt. All others will remain valid for **90 days** from date of receipt. After that time, you must submit a new application to be considered for any open position.

(office use only)

This job application expires: \_\_\_\_\_

#### General Information

Please Print Clearly

Today's Date \_\_\_\_\_

Name in Full: (first, middle, last) \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ Cell Phone # ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License # & State Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

If no Driver's License, state reason: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_

#### Position Applied For: (Check only 1)

##### ➤ Vessel Positions

- Captain
- Wheelman/Pilot/Mate
- Tankerman
- Deckhand
- Other: \_\_\_\_\_

Qualifications/Skill Certifications: \_\_\_\_\_

Expected Pay: \_\_\_\_\_

Date you are available for work: \_\_\_\_\_

List <b>U.S. Coast Guard</b> License, MMD, or Endorsement	Date Issued	Maritime Academy Attended	Expiration Date

TWIC Card Expiration Date: \_\_\_\_\_

		(Circle One)	
May we contact your present employer?		YES	NO
Are you available to work: (Circle One) Full-time Part-time Shift Work Temporary (Circle One) Mornings Evenings		YES	NO
Are you currently on a "lay-off" status & subject to recall from another company?		YES	NO
Can you travel if the job requires it?		YES	NO
Will you work overtime if asked? If no, please explain:		YES	NO
Have you ever been arrested and/or convicted of a felony or misdemeanor? (Convictions will not necessarily disqualify an applicant from employment) If yes, please explain:		YES	NO
Have you ever worked here before? If yes, when? _____ What was your position & pay? _____		YES	NO

**Personal References**

List two references other than family member

Name	City and State	Phone

**Medical Information**

Name of your Family Doctor: \_\_\_\_\_

Location of Office (City and State): \_\_\_\_\_

Will you submit to a urinalysis screening? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Education (This section is optional.)**

School or College	Dates Attended	City, State	Course of Study or Major	Degree Earned

**EMPLOYMENT HISTORY**

**EXPERIENCE:** Give a complete record of all employment, including military, and reasons for periods unemployed during the past 10 years. Start with most recent. If you have served in the armed forces, attach a copy of your DD214. If you have been self-employed, list up to five of your major clients. **No “see resume” responses will be accepted.**

<b>Present or most recent positions: MAY WE CONTACT YOUR PRESENT EMPLOYER NOW FOR REFERENCES? Yes or No</b>			
EMPLOYER	POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation?  YES OR NO  Was position regulated by Federal or State drug and alcohol testing requirements?  YES OR NO
ADDRESS	DATE HIRED	DATE TERMED	
CITY, STATE	STARTING PAY RATE	ENDING PAY RATE	
CONTACT PERSON	PHONE #		
REASON FOR LEAVING: LAYOFF, DISCHARGE, RESIGN (CIRCLE ONE) STATE REASON:			
EMPLOYER	POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation?  YES OR NO  Was position regulated by Federal or State drug and alcohol testing requirements?  YES OR NO
ADDRESS	DATE HIRED	DATE TERMED	
CITY, STATE	STARTING PAY RATE	ENDING PAY RATE	
CONTACT PERSON	PHONE #		
REASON FOR LEAVING: LAYOFF, DISCHARGE, RESIGN (CIRCLE ONE) STATE REASON:			
EMPLOYER	POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation?  YES OR NO  Was position regulated by Federal or State drug and alcohol testing requirements?  YES OR NO
ADDRESS	DATE HIRED	DATE TERMED	
CITY, STATE	STARTING PAY RATE	ENDING PAY RATE	
CONTACT PERSON	PHONE #		
REASON FOR LEAVING: LAYOFF, DISCHARGE, RESIGN (CIRCLE ONE) STATE REASON:			
EMPLOYER	POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation?  YES OR NO  Was position regulated by Federal or State drug and alcohol testing requirements?  YES OR NO
ADDRESS	DATE HIRED	DATE TERMED	
CITY, STATE	STARTING PAY RATE	ENDING PAY RATE	
CONTACT PERSON	PHONE #		
REASON FOR LEAVING: LAYOFF, DISCHARGE, RESIGN (CIRCLE ONE) STATE REASON:			
EMPLOYER	POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation?  YES OR NO  Was position regulated by Federal or State drug and alcohol testing requirements?  YES OR NO
ADDRESS	DATE HIRED	DATE TERMED	
CITY, STATE	STARTING PAY RATE	ENDING PAY RATE	
CONTACT PERSON	PHONE #		
REASON FOR LEAVING: LAYOFF, DISCHARGE, RESIGN (CIRCLE ONE) STATE REASON:			
EMPLOYER	POSITION HELD		Was position subject to FMCSA, FAA, USCG and/or PHMSA regulation?  YES OR NO  Was position regulated by Federal or State drug and alcohol testing requirements?  YES OR NO
ADDRESS	DATE HIRED	DATE TERMED	
CITY, STATE	STARTING PAY RATE	ENDING PAY RATE	
CONTACT PERSON	PHONE #		
REASON FOR LEAVING: LAYOFF, DISCHARGE, RESIGN (CIRCLE ONE) STATE REASON:			



**NOTICE TO APPLICANTS/EMPLOYEES  
REGARDING CONSUMER REPORTS**

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, and motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and continued employment with the company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the Personnel Department of the Company, and within five days of the request, the name, address, and phone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address, and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

**CONSENT TO OBTAINING CONSUMER REPORTS  
READ CAREFULLY BEFORE SIGNING**

1. I have read the attached "Notice To Applicant/Employees Regarding Consumer Reports" and hereby authorize the company to obtain consumer reports and/or investigative reports as described.
2. I understand that I have the right to make a written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address, and telephone number of the consumer reporting agency.
3. I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, department of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, I authorize that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience, or qualifications.

By my signature below, I acknowledge that I have read and understood all the above statements.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

**LET THIS FORM AND/OR FAX OR COPY SERVE AS AN ORIGINAL**

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A  
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT  
(PLEASE PRINT OR TYPE)**

I, the undersigned consumer, do hereby authorize **INTREPID SECURITY GROUP, LLC** to procure a consumer report and/or investigative consumer report on me. I hereby declare that the answers to the questions on this application are correct and that any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by LeBeouf Bros. Towing, LLC.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications, personal references, personal interviews, my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations, a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to LeBeouf Bros. Towing, LLC, by and through **INTREPID SECURITY GROUP, LLC** including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

You are further advised under the provisions of the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., that any person who produces or causes to be prepared an investigative consumer report on any consumer, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection (a) (1) of section 1681d, 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 was received from the consumer or such report was first requested, whichever is the later. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et seq.

I hereby release and agree to hold harmless LeBeouf Bros. Towing, LLC, **INTREPID SECURITY GROUP, LLC**, and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application for employment will be terminated based on any false, omitted, or fraudulent information.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_  
First
Middle
Last

Other Names/Aliases or Maiden: \_\_\_\_\_

Social Security \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Gender\* \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issuance \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please provide your addresses for the last (7) years

Current Address: \_\_\_\_\_  
Street
City
State/Zip

Former Address: \_\_\_\_\_  
Street
City
State/Zip

Former Address: \_\_\_\_\_  
Street
City
State/Zip

Former Address: \_\_\_\_\_  
Street
City
State/Zip

- Have you ever been arrested, convicted, and/or adjudicated of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you ever been arrested or convicted in a military court martial? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Have you ever been sanctioned or had your licenses suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Are you currently under any investigation or pending charge? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*age, gender, race, national origin, and religion are not factors in making employment decisions.

**APPLICANT CERTIFICATION**

**Note: You must read and sign below for this application to be considered.**

- I understand that this application shall be considered active for a period of time not to exceed 60 or 90 days (Unlicensed Vessel and Entry-level office positions expire after 60 days. All other applications expire after 90 days) from the date indicated below. I understand that if I wish to be considered for employment beyond this time period, I must inquire as to whether or not applications are being accepted at that time.
- In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of LeBeouf Bros. Towing, LLC and, if requested, to sign the company’s agreements relating to discoveries, inventions, and confidential information.
- In processing my application for employment, LeBeouf Bros. Towing, LLC, its agents, and representatives may investigate all answers, statements, or other information contained in this application for employment as well as other information which may be discovered in the course of its investigation. I authorize each person or organization named in this application or discovered in the course of investigation to provide information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. Furthermore, I hereby release this organization and other persons and organizations named in this application or discovered in the course of investigation from all liability and for damage whatsoever incurred in providing, receiving, or investigating this application.
- Any offer of employment I may receive from LeBeouf Bros. Towing is contingent upon my successful completion of the company’s total pre-employment screening process, including the company’s receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company’s request. I hereby consent to having the results of any post-offer pre-employment medical exams I may be required to take disclosed to LeBeouf Bros. Towing, LLC.
- I agree that my employment with LeBeouf Bros. Towing, LLC is strictly “at will” and may be terminated without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the CEO, President, General Council, or other officer of the company, has the authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals stated above.
- I hereby authorize LeBeouf Bros. Towing, LLC, at the termination of my employment with the company (assuming I am hired), to share any information concerning my employment with future prospective employers who call for job references, and waive any rights to said information.
- The answers to the above questions are true and correct to the best of my knowledge. Any false or misleading statements or any information which is intentionally excluded by me herein is grounds for immediate dismissal in which case any offer of employment will be considered null and void in its entirety.
- I CONSENT AND AGREE THAT ANY AND ALL DISPUTES, CLAIMS, CAUSES OF ACTION, OR LAWSUITS AGAINST MY EMPLOYER AND/OR THE OWNER OF ANY VESSEL TO WHICH I AM ASSIGNED (INCLUDING ANY PERSONAL INJURIES ARISING OUT OF MY EMPLOYMENT) SHALL BE FILED EXCLUSIVELY IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF LOUISIANA, AND I UNDERSTAND AND AGREE THAT THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF LOUISIANA SHALL BE THE EXCLUSIVE FORUM FOR ANY AND ALL SUCH CLAIMS WHICH MAY BE ASSERTED BY ME OR ON MY BEHALF. IN CONSIDERATION FOR THIS AGREEMENT, MY EMPLOYER AND THE OWNERS OF ANY VESSELS TO WHICH I AM ASSIGNED CONSENT TO THE EXCLUSIVE JURISDICTION OF THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF LOUISIANA FOR ANY AND ALL DISPUTES, CLAIMS, CAUSES OF ACTION OR LAWSUITS BROUGHT BY ME OR ON MY BEHALF ARISING OUT OF OR RELATED TO MY EMPLOYMENT (INCLUDING ANY PERSONAL INJURY CLAIMS).

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Witness Name (Print)

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**DRUG AND ALCOHOL FREE WORK ENVIRONMENT POLICY**

**IMPORTANT PLEASE READ CAREFULLY!**

To ensure a safe and productive work environment on our vessels and at all facilities of the company, to safeguard property of the company and its personnel, and to adhere to the regulations of regulatory bodies, LEBEOUF BROS. TOWING, LLC ("Company") strictly prohibits the use, sale, transfer, or possession of alcohol, drugs, drug paraphernalia or controlled substances on any company vessels, premises of the company or worksites. Company vehicles, as well as private vehicles, parked on the company's premises or worksites, including parking lots, are locations included within this prohibition. Additionally, the company strictly prohibits any person with any detectable amount of alcohol, drugs, or controlled substances present in his or her body. Any employee found in violation of this policy is subject to immediate termination. Furthermore, depending on the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any employee who violates this policy.

Any non-employee, including visitors, contractors, employees of contractors, consultants, etc., found in violation of the company's policy for a drug and alcohol free work environment, or suspected of having alcohol, drugs, or controlled substances present in his or her body, may be refused entry onto or removed from the company's vessels, premises, or worksites and denied future access. Furthermore, depending on the circumstances, other action, including notification of appropriate law enforcement agencies, may be taken against any violator of the company's policy.

The company will require all applicants for employment to submit to a urinalysis for drugs and alcohol as a pre-condition for employment. The company may also require any current employee to submit to a urinalysis and/or blood test for drugs and alcohol in the following circumstances:

- 1) following an accident occurring within the course and scope of employment;
- 2) whenever there is reasonable suspicion to believe that an employee is using drugs or alcohol in violation of the company's policy;
- 3) in the event of a company vessel accident, the entire crew will be given a urinalysis and/or blood test for drugs and/or alcohol;
- 4) as part of periodic physical examinations; and,
- 5) on random selection basis and any other time deemed appropriate by the management of the company, without prior announcement.

**Failure to submit to the drug and/or alcohol tests under the time frame and circumstances noted above will result in immediate termination. You may make a written request for a complete and accurate disclosure of the nature and scope of the tests conducted.**

**APPLICANT CERTIFICATION**

I hereby acknowledge that I have read the foregoing policy and fully understand same. I further agree to abide by the policy and acknowledge that compliance with the policy is a condition of employment with the company. I further acknowledge that I have been advised that I may make a written request for a complete and accurate disclosure of the nature and scope of the tests conducted.

I also understand the above policy is a reduced version of the formal Drug, Alcohol & Weapons Policy given out during orientation after all conditions of employment have been met.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Witness Name (Print)

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Section I: To be completed by the new employee, signed by the employee, and transmitted to:**

**LeBeouf Bros. Towing, LLC/INTREPID SECURITY GROUP, LLC  
P. O. Box 61987  
Lafayette, LA 70596  
Via Fax 337-981-9305 or  
1-866-848-0620**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS# or ID# \_\_\_\_\_

I hereby authorize the release of information from my Department of Transportation (DOT) regulated drug & alcohol testing records by my previous employer(s), listed below, to the employer and/or its agents listed above. This release is in accordance with DOT Regulation 14 CFR; 30 CFR; 36 CFR; 49 CFR Part 40, Section 40.25 for which I took a DOT pre-employment drug test during the previous ten years. I understand and agree to hold harmless my employer, its agents, and previous employer(s) that release the following DOT regulated information:

- 1) Alcohol tests with a result of 0.04 or higher;
- 2) Verified positive drug tests;
- 3) Refusals to be tested;
- 4) Other violations of DOT agency drug and alcohol testing regulations;
- 5) Information obtained from previous employers of a drug and alcohol rule violation;
- 6) Documentation, if any, of completion of the return-to duty process following a rule violation.

**Applicant Certification:** I have read and fully understand this authorization to release my previous drug and alcohol test results and any non-negative test records to Intrepid Security Group, LLC. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the companies for which I have worked in a DOT safety-sensitive position or DOT pre-employment test during the previous ten years on my application. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional Assessment, recommendations, education and treatment, including costs involving return-to-duty testing yet to be completed.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**-----EMPLOYEE/APPLICANT DO NOT WRITE BELOW THIS POINT-----**

**Previous Employers** (use more than one form if an employee has had more than one DOT regulated employer(s) in the past ten years)

Previous Employer Name: \_\_\_\_\_

Designated Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

**Section II: To be completed by the previous employer(s) and transmitted via fax to the new employer or its agent listed above in BOLD.**

In the ten years prior to the date of the employee's signature for DOT regulated testing;

- 1) Did the employee have alcohol test results with a result of 0.04 or higher? YES \_\_\_\_\_ NO \_\_\_\_\_
- 2) Did the employee have a verified positive drug test(s)? YES \_\_\_\_\_ NO \_\_\_\_\_
- 3) Did the employee refuse to submit to a DOT required drug / alcohol test? YES \_\_\_\_\_ NO \_\_\_\_\_  
(including adulterated or substituted specimens)
- 4) Did the employee have other violations of DOT agency drug & alcohol testing? YES \_\_\_\_\_ NO \_\_\_\_\_
- 5) Did a previous employer report a drug & alcohol rule violation to you? YES \_\_\_\_\_ NO \_\_\_\_\_
- 6) If you answered "yes" to any of the above, did the employee complete the return-to-duty process? YES \_\_\_\_\_ NO \_\_\_\_\_

Check this box if your company and/or the applicant was not subject to DOT regulations. Documentation must be attached for "yes" answers.

Designated Representative Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



## APPLICANT DATA FORM – PRE OFFER

The federal government under Executive Order 11246 requires the contractor/subcontractor to report gender and race/ethnic origin of applicants for employment. Submission of information is voluntary, and failure to provide it will not subject you to any adverse treatment. Your cooperation is appreciated.

**Name:** \_\_\_\_\_  
Last First M.I.

**Date of Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Position(s) applied for:** \_\_\_\_\_

### Indicate how you learned of this vacancy:

- Employment Agency: \_\_\_\_\_
- LeBeouf Bros. Towing Employee
- Direct Inquiry to Personnel
- Advertisement-Please specify source \_\_\_\_\_
- Internet Website
- Other

If other; please state where: \_\_\_\_\_

### Indicate Gender and Race/Ethnic Group:

- Male  Female
- White, Not Hispanic or Latino
- Black or African American (Not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Other – Two or More Races (Not Hispanic or Latino)

### Indicate Veteran Status:

- Disabled Veteran
- Other Protected Veterans  
(Veterans who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge is awarded)
- Armed Forces Service Medal Veterans  
(Veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985)
- Recently Separated Veterans  
(Veterans within 36 months from discharge or release from active duty)

LeBeouf Bros. Towing, LLC is an equal opportunity employer and does not discriminate on the basis of race, color, gender, national origin, religion, age, disability, or veteran status in admission to or access to, or treatment or employment in, its programs and activities. Individuals who may have inquiries regarding the contractor's/subcontractor's policies and procedures should contact the Human Resources Department.

**CONFIDENTIAL PERSONAL INFORMATION**

We will require the following information in order to comply with Federal record-keeping requirements. This information will be removed from your application upon receipt and will not be used during the selection process.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Height	Weight	Date of Birth	Age	Gender

- Race or Ethnic Group:
- White (Not Hispanic or Latino)
  - Black or African American (Not Hispanic or Latino)
  - Hispanic or Latino
  - Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
  - Asian (Not Hispanic or Latino)
  - American Indian or Alaska Native (Not Hispanic or Latino)
  - Other – Two or More Races (Not Hispanic or Latino)

**In the event the applicant is called to come in for an interview, please bring (2) legal forms of identification (Example: Driver's License & Social Security Card) to the interview.**

**Also, you will need to provide proof of any certifications/USCG licenses and TWIC card.**