

SOUTHERN TOWING COMPANY
1874 Thomas Road
Memphis, TN 38134

APPLICATION FOR EMPLOYMENT

The minimum requirements for making an application for employment with Southern Towing Company are:

1. You must have a valid state driver's license.
2. You must be able to read, write, and speak English.
3. Federal Law requires a drug test as part of the application for employment. A Licensed or Documented applicant who has a positive drug test must be reported to the nearest U.S. Coast Guard Office.
4. Federal law also requires that all new employees provide proof of identity and employment eligibility at the time of employment. You must be able to provide one of the following: a U.S. passport, a certificate of U.S. citizenship, a certificate of naturalization, an unexpired foreign passport with attached employment authorization, or an alien registration card with photograph. If you do not have any of the above documents, you will be required to provide both a drivers license or state issued photo I.D. card and one of the following: an original social security card; a certified copy of your birth certificate; or an unexpired INS employment authorization.

This company is an equal opportunity employer. We do not tolerate discrimination in employment based on race, creed, color, national origin or sex. In addition the Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age. Also, the Americans with Disabilities Act prohibits job discrimination against qualified individuals with a disability.

Please **PRINT** the Answer To All Questions In Blue or Black Ink
Read All Instructions Carefully

Date _____ E-mail Address: _____

Full Name _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

Your Phone No. _____

Nearest Phone No. _____

In Whose Name Listed _____

If not a citizen of the U.S., Current Visa Status _____

Give Year and Level of Education Completed:

High School: _____

College: _____

Other Schools, Certifications, Training, etc. _____

Were you ever in the Armed Forces? Yes No

If so, what service? _____

From _____ To _____ Current Military Status _____

Driver's License:

Type _____

Year of Renewal _____

Driver's License Number _____

State or Other Issuing Authority _____

What type of USCG issued license or Merchant Mariner's Document do you hold, if any?

Route in which licensed to operate: _____

Type of work for which qualified or interested: _____

Do you have experience working on towboats? Yes No

Are you able to perform the physical tasks listed in the job description for the position you have applied for? Yes No

Are you able to perform these physical tasks without assistance or help?

Yes No

If you believe you could perform these physical tasks with assistance or help, please describe what type or form of assistance or help you would require:

List all additional experience, training, education, skills, or qualifications related to the position for which you are applying:

Who referred you to this company? _____

Have You Ever Been Previously Employed by This Company? Yes No

From _____ To _____

Give Name or Relationship of Any Friends or Relatives Now Employed by This Company:

Who should be notified in an emergency? _____

Relationship _____

Address _____

Phone No. _____

Have you ever been convicted or have you ever pleaded guilty to a felony or misdemeanor other than a traffic violation within the last five years? (A yes will not automatically disqualify you from most jobs.) Yes No

Charge _____

Date of Conviction _____

State of Conviction _____

PROFESSIONAL REFERENCES

Please list three persons, other than relatives, who have knowledge of your character and ability.

Name _____
Address _____
Phone No. _____
Years Known _____

Name _____
Address _____
Phone No. _____
Years Known _____

Name _____
Address _____
Phone No. _____
Years Known _____

RECORD OF PREVIOUS EMPLOYMENT

List below all employment during the past five years. **LIST THE MOST RECENT EMPLOYERS FIRST.**

May we contact the employers listed below? Yes No

NAME OF EMPLOYER _____
ADDRESS _____ PHONE NO. _____
EXACT POSITION OR TITLE _____
DATE HIRED _____ DATE TERMINATED _____
REASON FOR LEAVING _____ YOUR SALARY _____
DUTIES AND RESPONSIBILITIES _____

NAME OF EMPLOYER _____
ADDRESS _____ PHONE NO. _____
EXACT POSITION OR TITLE _____
DATE HIRED _____ DATE TERMINATED _____
REASON FOR LEAVING _____ YOUR SALARY _____
DUTIES AND RESPONSIBILITIES _____

NAME OF EMPLOYER _____
ADDRESS _____ PHONE NO. _____
EXACT POSITION OR TITLE _____
DATE HIRED _____ DATE TERMINATED _____
REASON FOR LEAVING _____ YOUR SALARY _____
DUTIES AND RESPONSIBILITIES _____

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EXACT POSITION OR TITLE _____
DATE HIRED _____ DATE TERMINATED _____
REASON FOR LEAVING _____ YOUR SALARY _____
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NAME OF EMPLOYER _____
ADDRESS _____ PHONE NO. _____
EXACT POSITION OR TITLE _____
DATE HIRED _____ DATE TERMINATED _____
REASON FOR LEAVING _____ YOUR SALARY _____
DUTIES AND RESPONSIBILITIES _____

NAME OF EMPLOYER _____
ADDRESS _____ PHONE NO. _____
EXACT POSITION OR TITLE _____
DATE HIRED _____ DATE TERMINATED _____
REASON FOR LEAVING _____ YOUR SALARY _____
DUTIES AND RESPONSIBILITIES _____

NAME OF EMPLOYER _____
ADDRESS _____ PHONE NO. _____
EXACT POSITION OR TITLE _____
DATE HIRED _____ DATE TERMINATED _____
REASON FOR LEAVING _____ YOUR SALARY _____
DUTIES AND RESPONSIBILITIES _____

NAME OF EMPLOYER _____
ADDRESS _____ PHONE NO. _____
EXACT POSITION OR TITLE _____
DATE HIRED _____ DATE TERMINATED _____
REASON FOR LEAVING _____ YOUR SALARY _____
DUTIES AND RESPONSIBILITIES _____

Drug & Alcohol Record

Department of Transportation Regulation 49 CFR 40.25(j), requires you to provide Southern Towing Company with the results of any pre-employment drug or alcohol tests administered during the last two years by any other transportation company to which you applied but did not obtain work in a safety-sensitive position. You must answer the following questions:

NO YES

 Did you have any alcohol tests with a result of 0.04 or higher alcohol concentration?

 Did you have any verified positive drug tests?

 Did you refuse to be tested (including verified adulterated or substituted drug test results)?

 Did you have any other violations of DOT agency drug and alcohol testing regulations?

If you answered YES to any of the above questions, you must provide Southern Towing Company with documentation of completion of the DOT return-to-duty requirement. If you do not have any documentation, you must provide a written explanation for the lack of documentation.

CERTIFICATION

Please read the following information carefully and **put your initials at the end of each paragraph**. If you do not understand any part of any paragraph, you should ask the Southern Towing Company person taking this application to explain whichever part you do not understand. At the end of this information is a place for you to sign and date this application. Please sign and date this application in the presence of the Southern Towing Company person taking the application.

1. I certify that the information I have given in this application is complete, true, and correct to the best of my knowledge, and I understand that falsification or materially incorrect information in this application is grounds for disqualification from further consideration or for dismissal from employment. _____

2. I understand that Southern Towing Company has a company policy on the following items:

- absolutely no use of alcohol and/or drugs while serving or traveling in any capacity as an employee of the company; _____
- all employees are subjected to alcohol and/or drug tests prior to employment and at any time during employment; _____
- searches of personal items such a luggage, packages, etc. may be done at any time while serving or traveling in any capacity as an employee of the company; _____ and
- weapons of any sort are prohibited while serving or traveling in any capacity as an employee of the company. _____

3. I understand and agree that employment with Southern Towing Company is on an "at will" basis and I can be terminated or my job/position can be terminated, without cause, and without prior notice, at any time, at the option of either the company or myself. _____

4. I understand that for the first six (6) months of employment with Southern Towing Company I am on a probationary status and that my continued employment is based on an evaluation of my overall capabilities and aptitude displayed during this six month period. If Southern Towing Company believes that I am not suitable for continued employment, I may not be retained in their employ. _____

5. By making this application for employment, I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends, other people whom I know, previous employers, and state and/or federal agencies. This inquiry may include information as to general reputation, and general and specific characteristics such as the quality and quantity of work performance. Each inquiry will be made in compliance with all applicable laws. I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the results of this investigation. _____

In consideration of the proceeding paragraph, I hereby authorize my former employer(s), references, and any other individual or organization to provide information solicited by Southern Towing Company, and I hereby remise, release and discharge each of the above, including Southern Towing Company, from any liability of any kind or nature.

Signature _____

Date _____

Southern Towing Company Representative _____

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, criminal institution record, civil court record, education, qualifications, 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 and/or investigative report may be obtained at any time during the application process or during your employment with the Company. A consumer report containing injury, illness records, and/or medical information may be obtained after a tentative offer of employment has been made.

Upon timely written request of the Personnel Department of Southern Towing Company, and within five (5) days of the request, the name, address, and telephone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you along with a written summary of your rights.

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 right's under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

I hereby acknowledge that I have read and understood the above and hereby authorize the procurement of the above referenced reports.

Signature: _____

Printed Name: _____

Date: _____

Confidential Drug & Alcohol Testing Information
Consent Form

As required by the Department of Transportation Regulation 49 CFR 40.25(a), I hereby authorize the release of the following information with regard to my chemical testing records to Southern Towing Company.

- Any alcohol tests with a result of 0.04 or higher alcohol concentration
- Any verified positive drug tests.
- Any refusal to be tested (including verified adulterated or substituted drug test results).
- Any other violations of DOT agency drug and alcohol testing regulations.
- Any documentation of my completion of DOT return-to-duty requirements including follow up tests.

I understand this consent applies only to transportation employer(s) by whom I was employed in a safety sensitive position during the previous two years from the date of this form. I understand that I am under no obligation to sign this form, but Southern Towing Company cannot complete my application for employment without this form.

Signature _____

Printed Name _____

SSN _____

Date _____

Applicant Flow Survey

The information requested in the following questions will not affect you as an applicant. This information will be used to determine if our recruitment efforts are reaching all segments of the community and to meet federal reporting requirements. The information will not be placed in your personnel file and will not be given to anyone who makes hiring decisions, and, when detached, becomes the sole property of the company's officer of equal employment opportunity. We would appreciate your cooperation and assistance in our efforts to ensure equal employment opportunity.

Social Security Number _____ - _____ - _____

Birth Date _____

Marital Status: Single Married

Sex: Male Female

What race do you consider yourself?

White Black
Hispanic American Indian/Alaska Native
Other Asian/Pacific Islander

Full Name _____

Today's Date _____

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I hereby consent to your obtaining the above information from HireCheck, Inc. and/or any of their licensed agents. I understand to aid in the proper identification of my file or records the following information, as well as other information is necessary.

Printed Name _____

Soc. Sec # _____ Date of Birth _____ Sex _____ Race _____

Current Address _____

City/State/Zip _____

Applicant's Signature _____ Date _____

Prospective Employer _____