



Brown Water Marine Service, Inc. Employment Application

Personal Information:			
First Name:		Last Name:	
Primary Phone Number:		Email Address:	
Address:		City:	
State/Zip Code:		DOB:	
Valid Driver's License:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Valid TWIC Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License Expiration:		TWIC Card Expiration:	
Social Security Number:		Position Applying For:	
How did you hear about us?			

Applicant Questionnaire:	
Are you 18 or older?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized to work in the United States?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently working?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you're working, will you need to give notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are working, how much notice will you need to give?	
Are you willing to work up to 20-22 consecutive days away from your home and family?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a DWI in the past three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have more than two (2) moving violations in the past three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or have any criminal charges pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, will you need to meet with a probation officer on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Can you pass a Drug & Alcohol Screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with Brown Water Marine Service Inc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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Vessel Safety:	
Have you ever had an accident on a boat?	
If yes, please explain - include the following answers: When, what happened, what boat and who was the owner of the vessel?	
For the position you have applied for, is there any physical condition we need to be aware of that could prevent you from operating in a safe and efficient manner, or that could cause an injury to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consent to background checks of consumer reporting information regarding education, employment history, and motor vehicle record?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education & Training:			
	Please circle highest level:	Diploma/Degree:	Course of Study:
Grade School:	4 5 6 7 8		
High School/GED:	9 10 11 12		
Tech School:	1 2 3 4		
College:	1 2 3 4		

Military Service:			
Please circle one:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?	
Enlistment Date:		Discharge Date:	
Rating at Discharge:		Discharge Type:	
Any special training?			

References - Please List 3

Name:	Address:	Phone Number:	Relationship:

1.)			
2.)			
3.)			



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Employment History:			
Employer:		What dates?	
Phone Number:		Address:	
Job Title:		Department/Vessel:	
Supervisor's Name:		Reason for Leaving?	
Describe Major Duties:			
Employer:		What dates?	
Phone Number:		Address:	
Job Title:		Department/Vessel:	
Supervisor's Name:		Reason for Leaving?	
Describe Major Duties:			
Employer:		What dates?	
Phone Number:		Address:	
Job Title:		Department/Vessel:	
Supervisor's Name:		Reason for Leaving?	
Describe Major Duties:			
Employer:		What dates?	
Phone Number:		Address:	

Job Title:		Department/Vessel:	
Supervisor's Name:		Reason for Leaving?	
Describe Major Duties:			



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PLEASE READ THIS CAREFULLY BEFORE SIGNING

Employee Release - Certifications and Authorizations:

I certify that the answers supplied by me on this application are true and complete, without any material omissions. I understand that any false statements or material omissions in this application will be grounds for cancellation of the application and/or dismissal from the Brown Water Marine Services's service if I have been employed.

I understand that if employed, in the absence of a written employment contract, my employment will be for an indefinite period of time, and that I may terminate my employment at any time for any reason, and that Brown Water Marine Service Inc may do likewise. I further understand that no representative of Brown Water Marine Service Inc has authority to enter into any agreement to the contrary, unless such agreement is in writing and signed by the President of Brown Water Marine Service Inc.

This is to inform you that an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends, and others with whom you are acquainted, and that such inquiry may include information as to your character, general reputation, personal characteristics or mode of living, which will be used for employment purposes. You have the right to make a written request within a reasonable period of time for a disclosure concerning the nature and scope of this investigation.

I authorize Brown Water Marine Service Inc to investigate the information contained in this application. I further authorize the former employers listed above to give you any and all information concerning my previous employment, and I release all parties from liability as a result of such disclosures.

I agree that if employed and an injury or illness occurs while working, I will provide the company access to all medical records related to the diagnosis and treatment of the injury or illness.

I understand I may be required to take a qualification test, based on the requirement 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 monies owed to the company for tools, equipment, uniforms, and/or wage advances.

I understand this application will be active for only 60 days from the date listed below. Afer 60 days, I understand I must renew my application in order for it to be considered.

Signed:	Date:
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Applicant's Signature