



# Holden

## Marine Towing, Inc.

Callahan, FL 32011  
employment@holdenmarine.com

Answer all questions contained in this application and any supplement forms for the position you are applying for. Please print all answers legibly. Attach copies of appropriate Merchant Mariner's Document(s).

### Applicant Information

Full Name:     
*Last First Middle*

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

Phone:  Email:

Date Available:  Social Security No.:  Date of Birth:

Position Applied for: ☐ Deckhand ☐ Mate ☐ Captain

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 been convicted of a felony? YES ☐ NO ☐

If yes, explain:

### Education

High School:

From:  To:  Did you graduate? YES ☐ NO ☐ GED? YES ☐ NO ☐

College:

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

Vocational School:

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

## Previous Employment

Company:

Phone:

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

☐

NO

☐

Company:

Phone:

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

☐

NO

☐

Company:

Phone:

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

☐

NO

☐

## Qualifications

|                                                                                                                                            |                                 |                                |                                                    |                                 |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|----------------------------------------------------|---------------------------------|--------------------------------|
| Are you familiar with the strenuous physical and mental requirements that may be required for the position for which you are applying for? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Do you have a valid state issued driver's license? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|----------------------------------------------------|---------------------------------|--------------------------------|

|               |                                 |                                |                                                         |                                 |                                |
|---------------|---------------------------------|--------------------------------|---------------------------------------------------------|---------------------------------|--------------------------------|
| Can you swim? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Are you willing to work nights, weekends, and holidays? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|---------------|---------------------------------|--------------------------------|---------------------------------------------------------|---------------------------------|--------------------------------|

|                                         |                                 |                                |                                                                  |                                 |                                |
|-----------------------------------------|---------------------------------|--------------------------------|------------------------------------------------------------------|---------------------------------|--------------------------------|
| Do you suffer from sea/motion sickness? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Are you able to work four weeks on, two weeks off with callouts? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|-----------------------------------------|---------------------------------|--------------------------------|------------------------------------------------------------------|---------------------------------|--------------------------------|

|                                                    |                                 |                                |                                                    |                                                    |
|----------------------------------------------------|---------------------------------|--------------------------------|----------------------------------------------------|----------------------------------------------------|
| Do you have Merchants Mariner's Credentials (MMC)? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Number: <input style="width: 150px;" type="text"/> | Rating: <input style="width: 150px;" type="text"/> |
|----------------------------------------------------|---------------------------------|--------------------------------|----------------------------------------------------|----------------------------------------------------|

USCG Licenses Held:

Date Issued:  Place Issued:

|                                                                                                                          |                                 |                                |                                                                |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|----------------------------------------------------------------|
| Has there ever been or is there currently any pending warnings, suspensions, or fines against you, your license, or MMC? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | If yes, please provide details on a separate paper and attach. |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------|----------------------------------------------------------------|

Passport Number:

|                          |                                 |                                |                                                    |
|--------------------------|---------------------------------|--------------------------------|----------------------------------------------------|
| Do you have a TWIC Card? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Number: <input style="width: 150px;" type="text"/> |
|--------------------------|---------------------------------|--------------------------------|----------------------------------------------------|

|       |                                 |                                |
|-------|---------------------------------|--------------------------------|
| STCW? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|-------|---------------------------------|--------------------------------|

|                                          |                                 |                                |
|------------------------------------------|---------------------------------|--------------------------------|
| Can you climb steep or vertical ladders? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|------------------------------------------|---------------------------------|--------------------------------|

|                                            |                                 |                                |
|--------------------------------------------|---------------------------------|--------------------------------|
| Can you maintain balance on a moving deck? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|--------------------------------------------|---------------------------------|--------------------------------|

|                                             |                                 |                                |
|---------------------------------------------|---------------------------------|--------------------------------|
| Can you pull heavy fire hoses up to 400 ft? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|---------------------------------------------|---------------------------------|--------------------------------|

|                                        |                                 |                                |
|----------------------------------------|---------------------------------|--------------------------------|
| Can you lift fully charged fire hoses? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|----------------------------------------|---------------------------------|--------------------------------|

|                                            |                                 |                                |
|--------------------------------------------|---------------------------------|--------------------------------|
| Can you quickly get into an exposure suit? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|--------------------------------------------|---------------------------------|--------------------------------|

|                                                   |                                 |                                |
|---------------------------------------------------|---------------------------------|--------------------------------|
| Can you step over door sills up to 24" in height? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|---------------------------------------------------|---------------------------------|--------------------------------|

|                                                   |                                 |                                |
|---------------------------------------------------|---------------------------------|--------------------------------|
| Can you open/close doors that weigh up to 60 lbs? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
|---------------------------------------------------|---------------------------------|--------------------------------|

**If applying for Ordinary Seaman's position, please answer the following question.**

Date of issuance of your Z-Card:

### Criminal Background and DOT Drug/Alcohol Violations

Have you ever been convicted of or plead guilty to a felony?

YES  
☐

NO  
☐

Date:

Location:

Have you ever been convicted or plead guilty to any crime involving possession, distribution of, or intent to distribute controlled substances, drugs, or narcotics?

YES  
☐

NO  
☐

Date:

Location:

Have you ever been convicted of or plead guilty to any crime involving violence or dishonest (such as forgery, theft, battery, or assault)?

YES  
☐

NO  
☐

Date:

Location:

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  
☐

Are you currently on probation or parole?

YES  
☐

NO  
☐

Has your driver's license ever been suspended?

YES  
☐

NO  
☐

### Emergency Contact

Name:

Relationship:

Address:

Phone:

### Disclaimer and Signature

*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.*

Signature:

Date: