

# APPLICATION FOR EMPLOYMENT

Mailing Address  
PO Box 2568  
Houma, LA 70361  
985-876-1731



Physical Address  
1211 Bayou LaCarpe Rd  
Houma, LA 70363  
Fax 985-868-2371

**CAILLOU ISLAND TOWING CO., INC**  
Equal Opportunity Employer

**Note:** In order to be considered for any position within our company, all requested information for this application must be filled out. Applications 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. It is the policy of Caillou Island Towing Co., Inc. to provide equal opportunity in employment and advancement to all persons without regard to race, color, religion, age, gender/sex, national origin, disability or any other protected status under state and federal law.

(Office Use Only)

Application Expiration Date:

## General Information

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street #/P.O. Box City State Zip Code

Home Phone Number: ( ) \_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Do you have a valid driver's license? \_\_\_\_\_

Driver's Lic.#: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

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

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

Emergency Contact Phone Number: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ Are you a citizen of the United States? \_\_\_\_\_

If no, are you able to provide proof that you are legally entitled to work in the United States?

Yes or No Visa or Alien Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Position Applying for: (Select only 1 per application)**

**Captain**                       **Licensed Mate**                       **Apprentice Mate**  
 **Tankerman**                       **Experienced Deckhand**                       **Entry Level Deckhand**  
 **Other:** \_\_\_\_\_

**Salary Desired:** \$ \_\_\_\_\_ **per day. If other, please explain:** \_\_\_\_\_

Do you understand the requirements for the job for which you are applying? \_\_\_\_\_

Can you perform the requirements of this job with or without reasonable accommodations? \_\_\_\_\_

Date Available: \_\_\_\_\_ Are you currently employed? \_\_\_\_\_

If you are currently employed, may we contact your present employer? \_\_\_\_\_

Company Representative Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Have you ever worked for Caillou Island Towing before? \_\_\_\_\_ If so, When? \_\_\_\_\_  
 What Position? \_\_\_\_\_

Can you travel if the job requires it? \_\_\_\_\_ Do you have reliable transportation? \_\_\_\_\_

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:

Do you have any special circumstances that may prevent you from working all of your scheduled work, including extra hitches? \_\_\_\_\_  
 If yes, please explain:

**Training Skills**

<b>List USCG Endorsement</b> (ex. Masters, Mate, Radar, etc.)	<b>Training Academy</b> (ex. Lafourche Merchant, etc.)	<b>Date Issued</b>	<b>Expiration Date</b>

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

## Other Qualifications

List Training certificate (ex. Safe Gulf, Rigger, etc.)	Training Academy	Date Issued	Expiration Date

## Education

(This section is optional)

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

## References

List two persons *NOT* related to you, whom you have known at least three years.

NAME	ADDRESS	PHONE #	OCCUPATION	YEARS ACQUAINTED

# Employment History

**EXPERIENCE:** Give a complete record of your last three employments, and reasons for any unemployed periods. **“SEE RESUME” RESPONSES WILL NOT BE ACCEPTED.**

**\*\*Present or most recent positions: MAY WE CONTACT YOUR PRESENT EMPLOYER NOW FOR REFERENCES? YES or NO**

<b>Employer</b>	<b>Position Held</b>	
<b>Address</b>	<b>Date Hired</b>	<b>Date Termed</b>
<b>City, State</b>	<b>Starting Pay</b>	<b>Ending Pay</b>
<b>Contact Person</b>	<b>Phone Number</b>	
<b>Layoff    Discharge    Resign</b> <b>State Reason for leaving:</b>		

<b>Employer</b>	<b>Position Held</b>	
<b>Address</b>	<b>Date Hired</b>	<b>Date Termed</b>
<b>City, State</b>	<b>Starting Pay</b>	<b>Ending Pay</b>
<b>Contact Person</b>	<b>Phone Number</b>	
<b>Layoff    Discharge    Resign</b> <b>State Reason for leaving:</b>		

<b>Employer</b>	<b>Position Held</b>	
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<b>City, State</b>	<b>Starting Pay</b>	<b>Ending Pay</b>
<b>Contact Person</b>	<b>Phone Number</b>	
<b>Layoff    Discharge    Resign</b> <b>State Reason for leaving:</b>		

## Consent for Procurement of Consumer Credit Report

### **\*Read carefully before signing\***

I understand that, as a condition of my consideration for employment with Caillou Island Towing Co., Inc., or as a condition of my continued employment with Caillou Island Towing Co., Inc., the company may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records, or any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Caillou Island Towing Co., Inc. procurement of such report. I understand that, pursuant to the Federal Fair Credit Reporting Act, Caillou Island Towing Co., Inc. will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Caillou Island Towing Co., Inc. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

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Signature of Applicant or Employee

Date

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Printed Name of Applicant or Employee

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

## 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 90 days. If I wish to be considered for employment thereafter, I must reapply for a position with Caillou Island Towing Co., Inc..
- I certify that all of the information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection of this application, refusal to hire, withdrawal of an offer of employment, or immediate termination without recourse, whenever and however discovered.
- In consideration of my employment, or in the event that I am employed, I agree to comply with all policies, rules, regulations, and procedures of Caillou Island Towing Co., Inc. and agree not to disclose any confidential information regarding operating, trade secrets or personal information.
- In processing my application for employment, Caillou Island Towing Co., Inc., it's 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.
- I understand that any offer of employment I may receive from Caillou Island Towing Co., Inc. is contingent upon successfully completing 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 that I may be required to take disclosed to Caillou Island Towing Co., Inc.
- I understand that submission of this application for employment to Caillou Island Towing Co., Inc. does not create a promise of employment or the creation of an employment contract or a term of employment. I understand that if I become employed by Caillou Island Towing Co., Inc. that any employment relationship with Caillou Island Towing Co., Inc. will be an "at-will" nature. This means that I, as an employee, have the right to resign at any time with or without cause and with or without notice, and that Caillou Island Towing Co., Inc. has the right to discharge me from employment at any time with or without cause and with or without prior notice. I further understand that this "at-will" employment relationship may not be changed by anything anyone tells me or by written document or conduct or representation unless I am provided and execute a written employment contract signed by the president of Caillou Island Towing Co., Inc.
- I hereby authorize Caillou Island Towing Co., Inc., at 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.
- 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 CLAIM.

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Applicant Name (Print)

Witness Name (Print)

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Applicant Signature

Witness Signature

---

Date

Date

# DRUG AND ALCOHOL FREE WORK ENVIROMENT 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, Caillou Island Towing Co., Inc. ("Company") absolutely 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 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

**Please allow us to make a copy of your driver's license, social security card and any certificates/USCG licenses and TWIC card.**