

OCTOPUS TOWING LLC

An Equal Opportunity Employer

Application for Employment

All Fields Must Be Completed for Your Application to be accepted

All applicants must possess a valid T.W.I.C. (Transportation Worker Identification Credential) or T.W.I.C. enrollment has been completed, submitted and fee paid in full to be considered for employment with OCTOPUS TOWING LLC. If an applicant is engaged in a waiver or appeal the applicant will not be hired until waiver or appeal process is complete.

PLEASE PRINT

Date of Application: ____/____/____

Position Applied For:

PERSONAL INFORMATION

Name (Last,First,MI): _____

Social Security # _____

Driver's License or State I.D. #: _____ State Issued: _____

Address: _____
No. & Street City State Zip Code

How long at address? _____

Previous Address: _____
No. & Street City State Zip Code

Telephone Numbers: _____
Home Cellular Other

Do you have a valid Transportation Worker Identification Credential (TWIC) card?

YES / NO

If no, have you applied for your Transportation Worker Identification Credential card and can you produce documentation verifying you're (TWIC) Application:

YES / NO

Are you 18 years of age or older? **YES / NO**

Are you currently employed? **YES / NO**

What date would you be available to start? _____

Do you have transportation: _____?

Have you ever been employed with **Octopus Towing LLC** before? **YES / NO**

If answered **“YES”** to previous question please provide the following:

Date: from _____ to _____

Position Held: _____

Reason for Leaving: _____

Are you a U.S. Citizen? **YES / NO**

If answered no to previous question can you provide proof you are legally entitled to work in the United States? **YES / NO**

Have you served in the Military? **YES / NO**

What branch? _____

Have you ever been convicted of a crime? **YES / NO**

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, and sentence.

EDUCATION

	Name and Address	Years Completed	Diploma/Degree/course of study
High School		9 10 11 12	
College		1 2 3 4	
Vocational/trade			

Describe any additional training you have been certified in:

REFERENCES

Please list four (4) references other than relatives or previous employees.

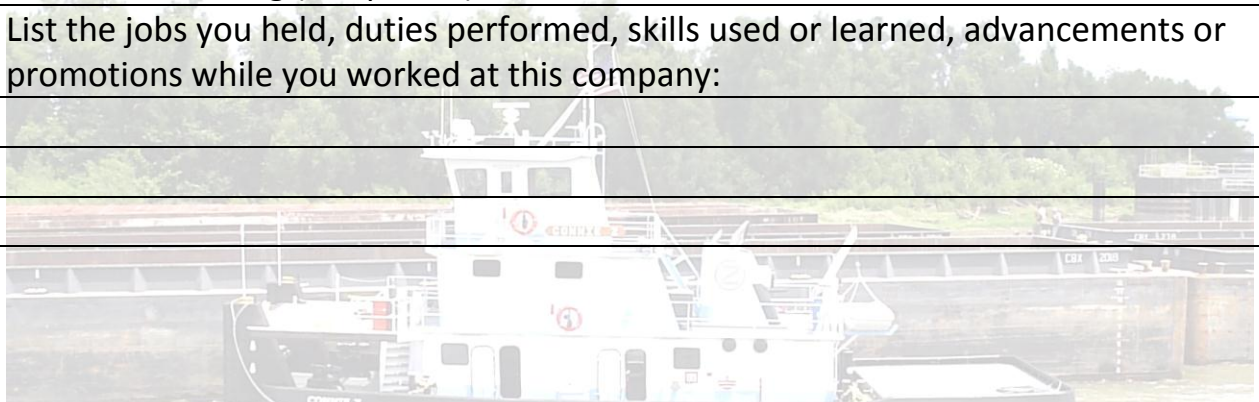
Name:	Contact Number: ()
Address:	City:
State:	Zip:

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Address:	City:
State:	Zip:


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Address:	City:
State:	Zip:

PREVIOUS EMPLOYMENT*(STARTING WITH MOST PREVIOUS EMPLOYMENT FIRST)*

Name of employer:	Employment	Rate or Salary
Address:	Dates	
City, State, Zip:	From:	Start:
Name of last Supervisor	To:	Final:
Your last job title:		
Phone Number:		
Reason for leaving (be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:		
		

Name of employer:	Employment	Rate or Salary
Address:	Dates	
City, State, Zip:	From:	Start:
Name of last Supervisor	To:	Final:
Your last job title:		
Phone Number:		
Reason for leaving (be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:		

PREVIOUS EMPLOYMENT CONTINUED

Name of employer:	Employment Dates	Rate or Salary
Address:		
City, State, Zip:	From:	Start:
Name of last Supervisor	To:	Final:
Your last job title:		
Phone Number:		
Reason for leaving (be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:		
		

Name of employer:	Employment Dates	Rate or Salary
Address:		
City, State, Zip:	From:	Start:
Name of last Supervisor	To:	Final:
Your last job title:		
Phone Number:		
Reason for leaving (be specific):		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:		

CERTIFICATION AND AUTHORIZATIONS

I hereby authorize Octopus Towing LLC (hereinafter "Octopus") and its representatives, agents, employees or designees to contact my current or any previous employer for the purpose of requesting any and all information concerning my previous employment and any pertinent information which they may have concerning my employment. I understand that Octopus requires ALL applicants to undergo a pre-employment physical examination and DOT drug test as a condition of employment. I hereby give my consent to any such test or examination and consent to the release of the results of any such test or examination to Octopus. I understand that information provided to Octopus may be disclosed. I certify that all information stated by me in this application is true and complete. I authorize Octopus to make such investigation and inquiries of my personal, employment, educational and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability when responding to inquiries in connection with my application.

I UNDERSTAND submission of this application for employment to Octopus at any time does NOT create a promise of employment. I UNDERSTAND that if employed, 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 Octopus may do likewise; and my employment will be considered "at-will". I further understand that any change in my pay or position does not create any type of contract and will not alter my "at-will" status. I further understand that no representative of Octopus has the authority to enter into any agreement to the contrary, unless such an agreement is in writing and signed by the President of Octopus.

I understand that in submitting this application that it will be considered good for 30 days. After this time I must submit another application to be considered for employment with Octopus.

In the event I am employed, I understand that false or misleading information or a response deemed incomplete given in my application or interview(s) or any documents provided by me may result in my termination of employment from Octopus.

Signature: _____ Date: _____

Octopus Towing LLC Representative: _____