

E.N. BISSO & SON, INC.  
1 Walnut Street  
New Orleans, LA 70118  
(504) 828-3296  
[careers@enbisso.com](mailto:careers@enbisso.com)

**Application for Marine Employment**

**APPLICANTS – PLEASE READ THE FOLLOWING CAREFULLY**

Please answer all questions completely and accurately. False or misleading statements during the pre-employment interview, post-offer interview and hiring process and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration for positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. **Under federal and state law and in accordance with company policy, testing for the presence of illegal and unauthorized drugs and/or alcohol is required prior to employment and random testing of both is required during your employment with E.N. Bisso.** Applicants must present an original and valid Driver's license, Social Security Card, Merchant Mariner's Credential (MMC), U.S. Coast Guard medical card as well as a valid Transportation Worker Identity Card (TWIC)

References may be checked prior to an offer of employment. After an offer of employment, and prior to reporting to work on a vessel, you are required to submit to medical review at which you may be required to truthfully and accurately complete a medical history form. Depending upon the results of your physical as well as applicable company policy, federal and state law and the particular requirements of the position, you may be required to be further examined by a medical professional designated by the company prior to a vessel assignment.

**GENERAL INFORMATION**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell Tel #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Alternative Contact Info: \_\_\_\_\_

In case of accident notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Cell Tel #: \_\_\_\_\_

Are you a U.S. citizen or do you have a legal right to work in the United States?  Yes  No  
Have you ever been drug-tested as a condition of hiring or marine employment?  
 Yes  No If yes, when? \_\_\_\_\_

Have you ever failed any pre-employment drug test or alcohol test?  Yes  No  
If yes, when and why? \_\_\_\_\_

Have you recently used any illegal substances, including marijuana or any unauthorized prescription drugs?  Yes  No

Do you have an authorization to use marijuana for medical reasons?  Yes  No

Where you ever a member of the United States Armed Forces?  Yes  No

If yes, what branch: \_\_\_\_\_ Dates of service: \_\_\_\_\_

Date of and Type of Discharge: \_\_\_\_\_

List duties in the service, including any special training: \_\_\_\_\_

\_\_\_\_\_  
Have you ever been convicted of any crimes such as any felonies, serious misdemeanors and/or serious moving violations (including Driving or Boating While Intoxicated (D/BWI) or Driving or Boating Under the Influence/or While Impaired (D/BUI) of Alcohol or Illegal Drugs) within the past 7 years?

Yes  No If Yes, When: \_\_\_\_\_

**Note: A conviction will not necessarily disqualify you from consideration of employment.**

If you checked "Yes" to the previous question, what court(s) convicted you and when? Add any details you feel are important or that mitigate the offense(s):

\_\_\_\_\_  
Position applied for: \_\_\_\_\_ Day Rate Desired: \_\_\_\_\_

When are you available to report for work? \_\_\_\_\_

Do you have any objections to travel as part of your job?  Yes  No

Have you ever worked for this company before?  Yes  No If yes, when? \_\_\_\_\_

In what job or position(s): \_\_\_\_\_

Why was employment with E.N. Bisso terminated? \_\_\_\_\_

Does any former employer restrict/prohibit your free employment with E.N. Bisso?  Yes  No

## MERCHANT MARINER CREDENTIALS

Do you have a valid U.S.C.G. Merchant Mariner's Credential (MMC)?  Yes  No

List Ratings and Limitations of MMC or MMD: \_\_\_\_\_

Mariner's Reference No.: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Are you STCW-95 qualified?  Yes  No Have you completed Basic Safety Training?  Yes  No

STCW Ratings: \_\_\_\_\_

Do you have a completed Towing Officers' Assessment Record (TOAR)?  Yes  No

List Routes Assessed: \_\_\_\_\_

Do you have or did you ever have a U.S.C.G. license, rating or MMC?  Yes  No

License or MMC No.: \_\_\_\_\_ Issue No.: \_\_\_\_\_ Exp. Date \_\_\_\_\_

List Licenses, Pilotage Routes, Radar Endorsement, Tonnage Limitations (if any):

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Do you hold a valid Transportation Worker Identity Card (TWIC)?  Yes  No

Has your U.S.C.G. MMC, MMD ("Z-Card") and/or License ever been revoked and/or suspended or have you been subject to an official inquiry by the U.S.C.G. for any reason?  Yes  No

Has a Letter of Warning ever been issued against you?  Yes  No

**Note: Revocation or Suspension Actions against your MMC, Coast Guard License or Merchant Mariner's Document (Z-Card) will not necessarily disqualify you from consideration of employment.**

If you checked "Yes" to the previous question, please explain the circumstances of such an action:

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Please attach a legible copy of all pages from your U.S.C.G. MMC showing STCW certification(s) and national endorsements as well as a copy of your TWIC (or the completed application).

<b>WORK EXPERIENCE</b>		Please give your work history for the last 5 years beginning with the most recent job held. Use the next page if needed to completely document the last 5 years of your employment. <i>Your application will be considered incomplete without this information.</i>				
Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there.						

May we contact your present employer?  Yes  No

Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there.						

Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there.						

Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there.						

<b>WORK EXPERIENCE</b>		Please continue giving your work history for the last 5 years on this page if necessary.				
Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there.						

Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there:						

Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked there.						

Name of Employer:		Name of Last Supervisor		Month	Day	Year
Address:			Employment Started:			
City, State, Zip:			Employment Ended:			
Phone:		Your Last Job Title:	Starting Salary:			
Fax:			Ending Salary:			
Reason for Leaving:						
List the jobs you held, duties performed, skills used or learned, advancements or promotions received while you worked at this company.						

**WORK-RELATED SKILLS**

List any special training or skills (welding, rigging, heavy equipment operations, diesel engine repair, etc.) relevant to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

Can you swim?  Yes, I can swim well  I'm not a good swimmer  I can't swim at all

Please list any other experience, certifications or special qualifications that you feel that would qualify you for the job for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Name of School	Address of School	Last Grade Completed	Did you graduate?	Course of Study Or Degree Completed
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have a high school diploma or GED?  Yes  No Can you provide a copy?  Yes  No

Do you have a valid driver's license?  Yes  No If yes, from what state? \_\_\_\_\_

List any restrictions on your driver's license \_\_\_\_\_

**REFERENCES**

Please list three references with knowledge of your qualifications to perform the job for which you are applying.

\_\_\_\_\_  
Name, Relationship to you, Address and Telephone Number(s)

\_\_\_\_\_  
Name, Relationship to you, Address and Telephone Number(s)

\_\_\_\_\_  
Name, Relationship to you, Address and Telephone Number(s)

## APPLICANT'S CERTIFICATION AND RELEASE

Applicant's Printed Name: \_\_\_\_\_

### **READ CAREFULLY BEFORE INITIALING AND SIGNING.**

I certify that I that the all of answers and statements made by me on this application are true and complete to the best of my personal knowledge and belief. I understand that any material misrepresentations of facts called for in this application or during a company medical exam related to employment will result in the rejection of my application or may even result in discipline or termination of employment at any time during the period of my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any information given by me in this application or any subsequent interview during the hiring process. **Initials** \_\_\_\_\_

I authorize all persons, schools, companies (including any of my former employers) and any local, state and federal government agencies, including but not limited to, the U.S to release any information concerning me and for E.N. Bisso to release such information to any persons, companies (including any subsequent employers), government agencies or entities. I hereby completely release E.N. Bisso and any other said persons, schools, companies, government agencies and law enforcement authorities from any liability whatsoever for any alleged damage of any kind for seeking and/or releasing this information. **Initials** \_\_\_\_\_

Because I may be required to operate a company vehicle during my employment at E.N. Bisso, I expressly agree to have and to maintain a valid driver's license during my employment. I agree that I will permit the inspection of my driver's license by a company supervisor upon reasonable request. I also expressly agree to permit a motor vehicle records check to verify the validity of my driver's license. I furthermore agree to execute any and all authorization forms that may be reasonably required for such a motor vehicle records check. **Initials** \_\_\_\_\_

I understand that the use of illegal drugs, non-prescribed/unauthorized medications and/or any alcohol consumption on the company's premises, on its vessels, in company vehicles, or on the company's customers' property or while work is being performed for such customers are prohibited during employment. I understand that I must submit to mandatory drug and alcohol testing to detect the use of drugs and alcohol prior to and from time to time during my employment in accordance with applicable federal and state law and company policies/procedures. **Initials** \_\_\_\_\_

I expressly agree that criminal and civil records and other background checks about me can be conducted by the company or by its agents if I am considered for employment, and after being employed, at any time. **Initials** \_\_\_\_\_

***I certify that I have carefully read and that I understand all of the paragraphs on this page. I also understand that because employment at E.N. Bisso is at will, this application is neither an offer for, nor a guarantee of, any employment by the company.***

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE