



**CAREER APPLICATION**

**Offshore Marine Towing**  
**TowBoatU.S. Fort Lauderdale**  
 601 N.E. 28<sup>th</sup> Court, Pompano Beach, Florida 33064  
[https://www.towboatustflauderdale.com/](https://www.towboatustflauderdale.com/careers@tbusftl.com)  
 careers@tbusftl.com

Offshore Marine Towing, TowBoatU.S. Fort Lauderdale is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

**Applicant Information**

Applicant Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Employment Position**

**Position(s) applying for:** \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Do you have reliable transportation to and from work? YES NO

**Personal Information**

Have you ever worked for Offshore Marine Towing or any TowBoatU.S.? YES NO

If yes, when and where? \_\_\_\_\_

Are you 18 years of age or older? YES NO

Are you a U.S. citizen or approved to work in the United States YES NO

(You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.)

Will you consent to a mandatory controlled substance test? YES NO



EMPLOYER NAME: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor Name and Title: \_\_\_\_\_  
 May we contact the Supervisor? YES NO Salary: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State. Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Brief description of responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Supervisor Name and Title: \_\_\_\_\_  
 May we contact the Supervisor? YES NO Salary: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 City, State. Zip Code: \_\_\_\_\_  
 Employer Telephone: \_\_\_\_\_  
 Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Brief description of responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Background Information**

Have you ever been convicted of a felony or a first degree misdemeanor? YES NO  
 If "YES", what charges? \_\_\_\_\_  
 Where convicted? \_\_\_\_\_ Date of conviction: \_\_\_\_\_  
 Have you ever pled nolo contendere or pled guilty to a crime which is a felony or a first degree misdemeanor? YES NO  
 If "YES", what charges? \_\_\_\_\_  
 Where? \_\_\_\_\_ Date: \_\_\_\_\_  
 Have you ever had the adjudication of guilt withheld for a crime which is a felony or a first degree misdemeanor? YES NO  
 If "YES", what charges? \_\_\_\_\_  
 Where? \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered [see §112.011, F.S.]

**Professional References**

Name	Title	Company	Phone	Relationship

**Certification**

I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_