



**TPG MT VERNON MARINE, LLC**

**APPLICATION FOR EMPLOYMENT**

Equal Opportunity Statement

Our company does not discriminate against individuals with respect to compensation, terms, conditions, or privileges of employment because of an individual's race, color, religion, national origin, sex, age forty and over, because the individual is a qualified individual with a disability, because the individual is a smoker or non-smoker as long as said individual complies with any workplace policy concerning smoking, or because of any other characteristic protected by applicable law. TPG Mount Vernon Marine, L.L.C. is an at-will employer.

*PLEASE ANSWER EVERY QUESTION. DO NOT LEAVE ANY SPACES BLANK.*

<b>BACKGROUND INFORMATION – PLEASE PRINT CLEARLY IN BLACK INK</b>					
NAME	LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP	PHONE NUMBER HOME: CELL:	
FOR WHAT POSITION ARE YOU APPLYING?			PAY DESIRED	WHEN CAN YOU START?	
WE REQUIRE OUR EMPLOYEES TO BE AT LEAST 18 YEARS OF AGE. DO YOU MEET THIS REQUIREMENT?			YES	NO	
IN ORDER TO SERVE OUR CUSTOMERS, WOULD YOU BE WILLING TO WORK: (CHECK ALL THAT APPLY)			<input type="checkbox"/> HOLIDAYS	<input type="checkbox"/> SATURDAYS	<input type="checkbox"/> ON CALL
ARE YOU WILLING TO TRAVEL			<input type="checkbox"/> NIGHTS	<input type="checkbox"/> SUNDAYS	<input type="checkbox"/> ROTATING SHIFTS
Circle any that apply					
HAVE YOU FILED AN APPLICATION HERE BEFORE?			YES	NO	DATE: _____
HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? IF YES, THEN WHY DID YOU LEAVE? _____			YES	NO	DATE: _____
ARE YOU A CITIZEN OF THE UNITED STATES?			YES	NO	
IF NOT, DO YOU POSSESS AN ALIEN REGISTRATION CARD?			YES	NO	
DO YOU HAVE A TWIC CARD?		YES	NO	TWIC #	EXPIRATION DATE
ARE YOU AVAILABLE TO WORK			FULL-TIME	PART-TIME	
ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?			YES	NO	
DO YOU HAVE YOUR OWN TRANSPORTATION?			YES	NO	
DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE? IF YES, LIST NAME(S): _____			YES	NO	

DO YOU USE CONTROLLED SUBSTANCES OTHER THAN PRESCRIBED BY A PHYSICIAN SUCH AS COCAINE, MARIJUANA, HALLUCINOGENS, ETC.?  YES  NO IF YES, EXPLAIN \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF OR PLEAD GUILTY OR NO CONTEST TO ANY CRIMINAL OFFENSE OTHER THAN TRAFFIC OFFENSES?  YES  NO IF YES, DESCRIBE IN FULL, INCLUDING DATE(S) AND COURT WHERE CONVICTED: \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_  REGULAR  CDL CLASS \_\_\_\_\_ ENDORSEMENTS? \_\_\_\_\_

HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED OR REVOKED?  YES  NO IF YES, PLEASE EXPLAIN \_\_\_\_\_

HAVE YOU HAD ANY MOTOR VEHICLE ACCIDENTS OR VIOLATIONS IN THE LAST SEVEN YEARS?  YES  NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE ANY OTHER RELEVANT LICENSES OR CERTIFICATIONS? IF SO, PLEASE LIST THEM IN THE SPACE PROVIDED.

EDUCATION								
	NAME AND LOCATION OF ALL SCHOOLS AND/OR FACILITIES ATTENDED	DATES		SCHOOL YEARS COMP.	MAJOR	DID YOU GRADUATE?	IF NOT, DID YOU RECEIVE A GED? IF SO, WHEN?	DIPLOMA OR DEGREE RECEIVED
		FROM	TO					
HIGH SCHOOL								
COLLEGE OR UNIVERSITY	1.							
	2.							
	3.							
	4.							
TECHNICAL OR VOCATIONAL SCHOOL								
OTHER STUDIES								

EMPLOYMENT HISTORY – LIST EACH OF YOUR LAST FIVE EMPLOYERS IN ORDER, STARTING WITH THE MOST RECENT					
EMPLOYER					TYPE OF BUSINESS
ADDRESS	CITY	STATE	ZIP	PHONE	
DATE EMPLOYED	DATE LEFT	SALARY BEGINNING	SALARY PRESENT/LEAVING		
POSITION HELD AND/OR TITLE			IMMEDIATE SUPERVISOR AND TITLE		
DUTIES PERFORMED					
			MAY WE CONTACT?	YES	NO
REASON FOR LEAVING					

EMPLOYER				TYPE OF BUSINESS
ADDRESS	CITY	STATE	ZIP	PHONE
DATE EMPLOYED	DATE LEFT	SALARY BEGINNING	SALARY PRESENT/LEAVING	
POSITION HELD AND/OR TITLE			IMMEDIATE SUPERVISOR AND TITLE	
DUTIES PERFORMED				
				MAY WE CONTACT?    YES    NO
REASON FOR LEAVING				

EMPLOYER				TYPE OF BUSINESS
ADDRESS	CITY	STATE	ZIP	PHONE
DATE EMPLOYED	DATE LEFT	SALARY BEGINNING	SALARY PRESENT/LEAVING	
POSITION HELD AND/OR TITLE			IMMEDIATE SUPERVISOR AND TITLE	
DUTIES PERFORMED				
				MAY WE CONTACT?    YES    NO
REASON FOR LEAVING				

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DUTIES PERFORMED				
				MAY WE CONTACT?    YES    NO
REASON FOR LEAVING				

EMPLOYER				TYPE OF BUSINESS
ADDRESS	CITY	STATE	ZIP	PHONE
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POSITION HELD AND/OR TITLE			IMMEDIATE SUPERVISOR AND TITLE	
DUTIES PERFORMED				
				MAY WE CONTACT?    YES    NO
REASON FOR LEAVING				

<b>U.S. MILITARY SERVICE</b> (IF APPLICABLE)		
BRANCH OF SERVICE	DATE OF ENTRANCE	DATE OF DISCHARGE
RANK AT ENTRY	RANK AT DISCHARGE	HIGHEST RANK HELD
PRIMARY DUTIES		
CAN YOU PROVIDE A DD214 UPON CONDITIONAL OFFER OF EMPLOYMENT?		YES      NO
LIST ANY RELEVANT SPECIAL TRAINING RECEIVED		

<b>PERSONAL REFERENCES</b> – WITH WHOM WE MAY CHECK (PERSONS OTHER THAN FORMER EMPLOYERS OR RELATIVES)		
1. NAME	FULL ADDRESS CITY/STATE/ZIP	TELEPHONE
2. NAME	FULL ADDRESS CITY/STATE/ZIP	TELEPHONE
3. NAME	FULL ADDRESS CITY/STATE/ZIP	TELEPHONE
4. NAME	FULL ADDRESS CITY/STATE/ZIP	TELEPHONE

I authorize investigation on all information contained in this application. I further authorize all persons and employers listed herein to release personnel records and other information relative to my employment with such employers. I hereby release and forever discharge my prior, existing, or future employers with respect to any liability arising out of or in connection with the information disclosed pursuant to the applicant's authorization hereunder unless the contents were intentionally provided as false and misleading. I understand that if the results of such investigation are not satisfactory in the judgment of the Company, any offer of employment made by the Company may be withdrawn. If I have been employed, and if in the judgment of the Company, any misrepresentation or false information has been made or given by me herein, my employment may be terminated immediately without any obligation or liability to me other than for payment at the rate agreed upon for services actually rendered. I understand that as part of normal procedure for processing employment applications and employment requests, a routine inquiry may be made concerning information on character, general reputation, credit, prior employment, etc. I authorize such investigation and acknowledge that information on the nature and scope of such a report, if one is made, is available on written request. As part of the Company's pre-employment physical examination I understand a DRUG SCREEN will be required. Should the results of this screen conflict with any answers I have provided on this application or the medical questionnaire, the job offer may be withdrawn. I understand that I must be lawfully authorized to work in the United States and provide acceptable documentation to substantiate this fact. I also understand that an offer or acceptance of an offer of employment does not create a contract of employment and that any relationship created by my acceptance of any offer of employment can be terminated at the will of the Company or myself. By my signature, I hereby certify that all information contained in this application, or which is contained in any material I have submitted together with or as part of this application, together with any and all statements made by me in connection with my application for employment, is true and correct, and will be considered to be part of my application. I understand the Company is relying upon me to provide complete and accurate information in this application. I understand that providing incomplete or inaccurate information may be grounds for termination.

\_\_\_\_\_  
 APPLICANT'S NAME (PRINTED)

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

\_\_\_\_\_  
 DATE OF APPLICATION

P.O. Box 607, Mt. Vernon, Indiana 47620 Phone: 812.838.4889 Fax: 812.838.8045 Email: GreatCareers@MVBarge.com