

**THIS SECTIONS MUST BE COMPLETED ONLY BY APPLICANTS
USCG - COVERED / REGULATED EMPLOYEE
ALL OTHER APPLICANTS SKIP TO SIGNATURE PAGE**

SECTION A: EXPERIENCE AND QUALIFICATIONS

As per 46 CFR Part 10 please answer the following questions.

- A. Do you currently possess a license as (check those that apply)? PILOT TANKERMAN ENGINEER CAPTAIN MATE
 ABLE BODIED SEAMAN ORDINARY SEAMAN

If Yes, List License Number and Expiration Date: _____

- B. Have you ever been denied, suspended, and/or revoked as a Merchant Mariner Credential (MMC)? YES NO

- C. Do you currently possess a STCW endorsement? If yes, list Number and Expiration Date: YES NO

If yes, list Number and Expiration Date: _____

- D. Have you tested positive, or refused to test, on any pre-employment, random, follow-up or periodic testing drug or alcohol test administered by a maritime employer to which you applied for, but did not obtain, safety-sensitive transportation work Covered by DOT agency drug and alcohol testing rules during the past five (5) years as defined under 46 CFR 16.201? YES NO

- E. If you answered yes, can you provide/obtain proof that you've successfully completed the DOT Return-to-duty requirements? YES NO

- F. Do you currently possess a TWIC (Transportation Worker Identification Card)? YES NO

If Yes, List Number and Expiration Date: _____

SECTION B: List all regulated work related incidents during the past 5-years:

Date of Incident	Incident Description (Fire, Spill, other.)	Fatalities/Injuries		At Fault	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION C: US COAST GUARD SAFETY PERFORMANCE HISTORY

ARE YOU ABLE TO PERFORM THE FOLLOWING ESSENTIAL FUNCTIONS OF THE JOB (Circle One):

1. WORK IN CONFINED SPACES: Y / N
2. WORK OUTDOORS: Y / N
3. WORK ALOFT: Y / N
4. WORK OVER HEAD (PAINTING, CHIPPING, ETC.): Y / N
5. WORK WITH PNEUMATIC AND POWER TOOLS: Y / N
6. WORK BENT OVER OR SQUATTING FOR LONG PERIODS OF TIME: Y / N
7. LIFT 30 POUNDS AND CARRY IT 50 FEET: Y / N
8. WALK UP A SHIPS LADDER WHILE THE VESSEL IS ROLLING AND/OR PITCHING: Y / N
9. CLIMB A 30 FOOT MAST: Y / N
10. ENTER A TANK OPENING 18 INCHES IN DIAMETER: Y / N
11. THROW A MOORING LINE 15 FEET TO A BIT: Y / N
12. STACK 1.25" ANCHOR CHAIN IN A CONFINED CHAIN LOCKER: Y / N
13. WEAR AND USE AN OXYGEN BREATHING APPARATUS: Y / N
14. WEAR AND/USE THE FOLLOWING SAFETY EQUIPMENT:
 - a. SAFETY STEEL TOE SHOES: Y / N
 - b. SAFETY GOGGLES: Y / N
 - c. EAR PROTECTOR (IN THE ENGINE ROOM): Y / N
 - d. PROTECTIVE GLOVES: Y / N
15. SPLICE LINE: Y / N
16. ENTER A TANK OPENING 18 INCHES IN DIAMETER: Y / N
17. THROW A MOORING LINE 15 FEET TO A BIT: Y / N
18. STACK 1.25" ANCHOR CHAIN IN A CONFINED CHAIN LOCKER: Y / N
19. WEAR AND USE AN OXYGEN BREATHING APPARATUS: Y / N

ANSWER ON A SCALE OF 1 TO 5 (1 BEING TOTALLY WITHOUT EXPERIENCE)

DO YOU HAVE A WORKING KNOWLEDGE OF (Circle a Number)?

- a. RADAR: 1 2 3 4 5
- b. RADAR PLOTTING: 1 2 3 4 5
- c. VHF RADIO PROCEDURES: 1 2 3 4 5
- d. SSB RADIO PROCEDURES: 1 2 3 4 5
- e. SHIPS'S COMPASS: 1 2 3 4 5
- f. STEERING (HELMANSHIP): 1 2 3 4 5
- g. GYRO: 1 2 3 4 5
- h. AUTO PILOT: 1 2 3 4 5
- i. FIRE FIGHTING: 1 2 3 4 5
- j. FIRE EXTINGUISHER: 1 2 3 4 5
- k. CHART READING: 1 2 3 4 5
- l. CHART PLOTTING: 1 2 3 4 5
- m. CHART NAVIGATION: 1 2 3 4 5
- n. CELESTIAL NAVIGATION: 1 2 3 4 5
- o. BASIC FIRST AID: 1 2 3 4 5

**THIS SECTION MUST BE COMPLETED ONLY BY APPLICANTS WHO WILL PERFORM SAFETY SENSITIVE DUTIES
ALL OTHER APPLICANTS SKIP TO SIGNATURE PAGE**

PHMSA - Applicant Authorization to Release Safety Performance History
(As required by 33 & 46 CFR Parts 10; 146; 4.05; 109; and 197)

Name of Applicant: _____ (Print Clearly)
Social Security #: _____ Date of Birth: _____

I, _____, do hereby authorize you to release the following information to
_____ / Southern States Offshore for the purposes of investigation as required by Section 192 & 195 of the Operator
Qualification Regulations.

Check this box if you have NOT performed COVERED functions in the past five years.

Signature of Applicant Date

APPLICANT DO NOT WRITE BELOW THIS LINE

Previous Employer: _____
Address: _____
City: _____ ST: _____ Zip: _____
Phone #: _____ Fax #: _____

The above named applicant has applied to this company for a position as _____ and states that he/she was
employed by you as (position) _____ from (m/y) _____ to (m/y) _____.

In accordance with 33 CFR & 46 CFR of the Maritime Federal Codes, we are obligated to request the information below from all previous employers
of the applicant that employed him/her to their ability to perform covered task within the 5-years preceding the date above. Please complete the
information below and return to us within 30 days, as required.. Please phone/fax/mail or email the following information to: Employers Resources,
LLC/ Southern States Offshore.

Attn: Employers Resources, LLC
P.O. Box 61987 Lafayette, LA 70596
phone:866-936-7569 fax: 866-848-0620 e-mail: respond@employersresources.net

TO BE COMPLETED BY PREVIOUS EMPLOYER

Safety Performance History:
Did he/she perform work in the capacity stated above? Yes No

If No, what was the job classification? _____

Was the individual involved in any reportable incidents as defined under 33 CFR 146.30; 46 CFR 4.05-1, 46 CFR 109.41 or 46 CFR 197.486?:
(specify) YES NO

Did the individual possess the skill and ability to perform the duties as defined under 46 CFR STCW? Yes No

Was the individual required to complete a Requalification / Re-evaluation? Yes No

If Yes, was it because of? Lack of Comprehension Poor or Substandard Performance Lack of Skill Observation

Reason for leaving your company: Discharged Resignation Lay Off Military Duty

Check if there is no safety performance history to report, sign below and return.

Incidents: Complete the following for any incident included on your accident register as defined under the Regulations that involved the applicant in
the 5 years prior to the application date shown above. (injuries means any injury causing a person to be incapacitated for more than 72-hours)

Date	Location	No. of injuries	Death(s)	Fire	Spill
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

Any other remarks: _____

Signature: _____ **Title:** _____ **Date:** _____

Keep a record of this request and the response for 5- years.

**** Please Return to: Employers Resources, LLC 866-848-0620 ** respond@employersresources.net**

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