

AMERICAN STEAMSHIP COMPANY EMPLOYEE INFORMATION FORM

PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Primary Address: _____ Place of Birth: _____
City State

Country of Birth: _____

Alternate Address: _____ Marital Status: Married Single

Citizenship: _____

Primary Telephone: _____ Passport #: _____

Exp: _____

Alternate Telephone: _____ Alien ID #: _____

Exp: _____

Cell Phone: _____ Email: _____

EMERGENCY NOTIFICATION

Name: _____ Relationship: _____

Address: _____ Telephone: _____

SCHOOLING

Years Attended: _____ College Name: _____ Degree Received: _____

MERCHANT MARINERS CREDENTIALS

MASTERS AND MATES

Mariner Ref # _____ Routes: _____

MMC Exp: _____

Endorsements: _____ Radar Cert. Exp. Date: _____

TWIC Exp: _____

Medical, Physical & Drug Clearance Information

Date of Last Physical: _____ Personal Physician Name: _____

Clinic Card Exp. Date (SIU): _____ Address: _____

Drug Cert. Exp. Date (SIU): _____

Date of Last Drug Screen (New Hires): _____ Telephone #: _____

Do you have any impairment, physical, medical, or mental, that would prevent you from performing in a reasonable manner the activities involved in the job you are assuming? Yes No

(If Yes, please explain here)

Are you currently under treatment for anything? Yes No If yes, what is the condition for which you are being treated?

(Explain here)

Have you ever been injured at work? Yes No Date of Injury: _____

Extent or Body Parts: _____

Have you fully recovered? Yes No If No, state what physical disabilities you continue to suffer: _____

I understand and agree that a false answer to any question on this form is grounds for termination of employment.

Signature Date