



American Steamship Company

AMERICAN STEAMSHIP COMPANY
AND ITS WHOLLY OWNED SUBSIDIARIES
EMPLOYEE INFORMATION

PERSONAL INFORMATION			
Name:		Date of Birth:	SS#:
Primary Address:		Place of Birth: _____ City _____ State _____	Country of Birth: _____
Alternate Address:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	Citizenship: _____
Primary Telephone:		Passport #: _____	Exp: _____
Alternate Telephone:		Alien ID #: _____	Exp: _____
Cell Phone:		Email: _____	
EMERGENCY NOTIFICATION			
Name:		Relationship:	
Address:		Telephone:	
ALL MARINERS	LICENSED MARINERS ONLY	UNLICENSED MARINERS ONLY	
SCHOOLING	LICENSE & CERTIFICATIONS	PINEY POINT TRAINING	
Years Attended School:	Class of License:	Course Name:	
College Name:	License Number:	Year Attended:	
	Expiration Date:	MMD Number:	
Degree Received:		Expiration Date:	
MERCHANT MARINERS DOCUMENT	MASTERS AND MATES		
Endorsements: (Ratings)	Routes:		
	Radar Cert. Exp. Date:		CHIEF & ASST. ENGINEERS
	FCC Certificate Exp Date (Radio) :		Horsepower Limitations:
Medical, Physical & Drug Clearance Information			
Date of Last Physical (Non- SIU Employees Only):		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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain here			
Are you currently under treatment for anything? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the condition for which you are being treated?			
Have you ever been injured at work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer the following:			
Date of Injury:		Extent or Body Parts	
Have you fully recovered? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, state what physical disabilities remain?			

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

Signature _____
Date