



# THE NEW JERSEY MARITIME PILOT & DOCKING PILOT COMMISSION DOCKING PILOT APPRENTICE APPLICATION

## Application Instructions & Procedures

1. A fully completed application shall be filed with the New Jersey Maritime Pilot and Docking Pilot Commission no later than December 16, 2016.
2. Accompanying the application the Applicant must provide the following:
  - Copy of All Coast Guard Licenses and Documents
  - Completed Coast Guard Physical Form
  - Completed Physician's Certification Form
  - Copy of Motor Vehicle Driver's License
  - Copy of Birth Certificate
  - Drug Screening Results
  - A Copy of All Radar Endorsements
  - At least two written references
  - Written documentation of at least ten years' experience in the maritime industry, five years of which shall have been served as a licensed mate or master in the towing industry
  - \$500 Administrative fee
3. Only completed applications will be accepted.
4. Qualifying persons will be interviewed by designated members of the Commission's Apprentice Selection Committee.
5. Applicants who qualify for appointment when the selection process is finalized shall be considered for such appointment so long as they continue to meet all eligibility requirements.
6. The completed application and/or any other inquiries should be submitted to:

Andre M. Stuckey  
Executive Director  
The New Jersey Maritime Pilot and  
Docking Pilot Commission  
One Penn Plaza East  
9<sup>th</sup> Floor  
Newark, NJ 07105



THE NEW JERSEY MARITIME PILOT & DOCKING PILOT COMMISSION  
DOCKING PILOT APPRENTICE APPLICATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ U.S. Citizen: Yes ( ) No ( )

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Have you ever been arrested or convicted of a crime, if so please attach a detailed description of the matter, including dates, locations and disposition. Yes ( ) No ( )

Charge	Date	City and State Where Convicted
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged with a drug offense or alcohol related offense (DWI, etc.)? Yes ( ) No ( )  
Please give a detailed description of the matter including dates, locations and disposition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education - List in reverse chronological order:

Inclusive Dates	School Name/Address	Degree Received	Date Graduated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Experience – List in chronological order:

Name of Employer	Dates of Employment	Full or Part Time	Specific Nature of Work
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe all organizations/activities related to the maritime industry that you are currently or have been involved in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal References:

Name	Address	Telephone Number
1. _____	_____	_____
2. _____	_____	_____

Certification:

I hereby certify that all of the answers I have given in this application are complete and accurate to the best of my knowledge. I understand that the failure to fully, truthfully and accurately answer any of the questions in this application or in any other communication with the Commission may be cause for the Commission to void either my admission or application. I understand that I am subject to and agree to a criminal background check and driver's license check. I understand that the use of illegal drugs is prohibited and will result in termination, and I further understand that drug testing will be required prior to my appointment and upon appointment I will be subject to random drug testing.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_