

**Application Review Committee
for the Pilot Board of the Port of
Corpus Christi Authority**

Application for Deputy Branch Pilot Pool

Forms must be typed

Revised 03/02/2017

Name: _____

Current Address:

_____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number

Mailing Address:

_____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number

Age: _____ Date Of Birth: _____ SSN: _____ Driver License #: _____
Month/Day/Year _____ State, Number

EDUCATION

Highest Grade Completed

Grade School
1 2 3 4 5 6 7 8

High School
1 2 3 4

Did you graduate?
Yes No

University or College
1 2 3 4 Did you graduate?
Yes No

Graduate School
1 2 3 4

Did you graduate?
Yes No

School Name	Location	Course/Degree	Dates Attended

Name:

MILITARY SERVICE

Have you served in the Armed Forces?

Yes No

Branch: _____ Date Entered: _____ Date Released: _____

Service Number: _____ Rank on release: _____

Type of Discharge: _____

EMPLOYMENT

PREVIOUS EMPLOYMENT HISTORY - INDICATE DATES, DUTIES, POSITION HELD AND REASON FOR LEAVING. LIST THE NAME AND TELEPHONE NUMBER OF A PERSON WHO CAN CONFIRM THIS INFORMATION. (Attach additional pages if necessary)

SEA EXPERINCE

SHOW POSITION AND LIST AMOUNT OF DAYS SERVED (Attach additional pages if necessary)

Name:

WHAT US COAST GUARD LICENSE DO YOU HOLD? ATTACH PHOTOCOPY FRONT/BACK

HAS THE COAST GUARD OR OTHER APPROPRIATE BODY EVER TAKEN ANY PROCEEDING AGAINST YOUR LICENSE?
PLEASE INDICATE FINDINGS DETERMINED BY APPROPRIATE BODIES.

Yes No IF YES, EXPLAIN (PLEASE INCLUDE DATES):

PHYSICIAN'S EXAMINATION

A CURRENT REPORT OF A PHYSICIAN'S PHYSICAL EXAMINATION MUST BE INCLUDED WITH THE APPLICATION.
[CG 719K FORM MERCHANT MARINER CREDENTIAL MEDICAL EVALUATION REPORT](#)

Name:

RELATIONSHIP TO OTHER ARANSAS-CORPUS CHRISTI PILOTS

ARE YOU RELATED BY BLOOD OR BY MARRIAGE TO OTHER ARANSAS-CORPUS CHRISTI PILOTS
IF YES, LIST NAME AND RELATIONSHIP.

Yes No

PERSONAL REFERENCES

LIST THREE PERSONS (NOT RELATED TO YOU) WHOM YOU HAVE KNOWN FOR FIVE YEARS OR LONGER AND
HAVE DEFINITE KNOWLEDGE OF YOUR CHARACTER AND FITNESS

NAME	ADDRESS	CURRENT PHONE No.	PROFESSION

Name:

CRIMINAL RECORD

Note: The Application Review Committee looks highly unfavorably upon drug and alcohol incidents/usage when evaluating the "good moral character" standard.

HAVE YOU EVER BEEN CONVICTED IN A CRIMINAL PROCEEDING (EXCLUDING TRAFFIC VIOLATION), PLACED ON PROBATION, REQUIRED TO PERFORM COMMUNITY SERVICE, OR HAD A CRIMINAL PROCEEDING DISPOSED OF BY PRE-TRIAL DIVERSION, DEFERRED PROSECUTION, DEFERRED ADJUDICATION, OR SOME SIMILAR PROCEEDING?

Yes No

IF YES, EXPLAIN BELOW. NOTE: A CONVICTION DOES NOT AUTOMATICALLY DISQUALIFY YOU. THE FACTS MUST BE CONSIDERED. PLEASE GIVE A FULL EXPLANATION.

Empty space for explanation of convictions.

ADDITIONAL INFORMATION

Empty space for additional information.

I HEREBY SUBMIT MY APPLICATION FOR DEPUTY BRANCH PILOT AND WILLINGLY SUBMIT THE FOLLOWING:

- I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR REJECTION OR FUTURE DISQUALIFICATION.
- I AGREE TO SUPPLY ANY AND ALL ADDITIONAL INFORMATION REQUESTED TO ASSESS MY APPLICATION.
- I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND RELEASE THE PILOT BOARD, THE APPLICATION REVIEW COMMITTEE, AND THEIR STAFF FROM LIABILITY IN CONNECTION WITH THEIR INVESTIGATION.

ATTACH THIS TYPED, COMPLETED, AND SIGNED APPLICATION TO YOUR RESUME WITH ALL SUPPORTING DOCUMENTATION AND SUBMIT TO:

**Application Review Committee for the Pilot Board
of the Port of Corpus Christi Authority
PO Box 2767 Corpus Christi, TX 78403**

DATE: _____ APPLICANT'S SIGNATURE: _____