



POSITION			
POSITION / TYPE OF WORK DESIRED		APPLICATION DATE	DATE AVAILABLE
			SALARY DESIRED \$
PREFERRED WORK SCHEDULE <input type="checkbox"/> DAY CREW <input type="checkbox"/> NIGHT CREW			

PERSONAL			
LAST NAME		FIRST NAME	MIDDLE NAME
PHYSICAL ADDRESS		CITY	STATE ZIP
MAILING ADDRESS (P.O. Box)		CITY	STATE ZIP
SOCIAL SECURITY NUMBER	BIRTHDAY (MONTH, DAY & YEAR)	E-MAIL	CELL: HOME:
HOW DID YOU HEAR ABOUT US?	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> REFERRED BY (NAME)	<input type="checkbox"/> OTHER (EXPLAIN)
IF HIRED CAN YOU PROVE YOU ARE ELIGIBLE TO WORK IN THE U.S.A. FULL TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		*IF NO, PLEASE EXPLAIN:	

EDUCATION			
HIGH SCHOOL ATTENDED	CITY	STATE	ZIP
WAS DIPLOMA RECEIVED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED			

YEARS IN INDUSTRY:	YEARS IN CURRENT POSITION:
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EMPLOYMENT HISTORY			
START DATE	COMPANY NAME, ADDRESS & PHONE	JOB TITLE	START SALARY / PER \$
END DATE		SUPERVISORS NAME AND TITLE	END SALARY / PER \$
REASON FOR LEAVING:	JOB DUTIES / RESPONSIBILITIES:		
START DATE	COMPANY NAME, ADDRESS & PHONE	JOB TITLE	START SALARY / PER \$
END DATE		SUPERVISORS NAME AND TITLE	END SALARY / PER \$
REASON FOR LEAVING:	JOB DUTIES / RESPONSIBILITIES:		
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REASON FOR LEAVING:	JOB DUTIES / RESPONSIBILITIES:		
START DATE	COMPANY NAME, ADDRESS & PHONE	JOB TITLE	START SALARY / PER \$
END DATE		SUPERVISORS NAME AND TITLE	END SALARY / PER \$
REASON FOR LEAVING:	JOB DUTIES / RESPONSIBILITIES:		



TRAINING AND SKILLS

SPECIAL TRAINING AND SKILLS

PROFESSIONAL LICENSE OR CERTIFICATES HELD

GENERAL INFORMATION

HAVE YOU EVER BEEN DEBARRED OR PROHIBITED FROM WORKING ON A GOVERNMENT CONTRACT?

YES NO * IF YES, EXPLAIN BELOW

HAVE YOU EVER BEEN CONVICTED OF CRIMINAL CHARGES?

YES NO * IF YES, EXPLAIN BELOW

HAVE YOU EVER WORKED FOR SEAMAR, LLC BEFORE?

YES NO

*IF YES, DATES

*IF YES, SUPERVISOR

*IF YES, REASON FOR LEAVING

ARE YOU UNDER TECHNICAL CONTRACT OR RESTRICTIONS WITH FORMER EMPLOYER?

YES NO

*IF YES, LIST RESTRICTIONS

*IF YES, SUPERVISOR

CAN YOU WORK WEEKENDS? YES NO

*IF NO, EXPLAIN

CAN YOU WORK HOLIDAYS? YES NO

*IF NO, EXPLAIN

CAN YOU WORK SHIFTS? YES NO

*IF NO, EXPLAIN

ARE YOU 18 YEARS OLD OR OLDER?

YES NO

ARE YOU A FORMER U.S. MILITARY OFFICER AT THE RANK OF O-4 OR ABOVE OR A FORMER CIVILIAN EMPLOYEE OF THE U.S. DEPARTMENT OF DEFENSE PAID AT THE LEVEL OF GS-13 OR ABOVE? YES NO

ARE YOU NOW OF DO YOU EXPECT TO BE A PROCUREMENT OFFICIAL WITHIN THE MEANING OF FAR 3.104 ON ANY FEDERAL AGENCY PROCUREMENT FOR WHICH SEAMAR, LLC MIGHT BE A COMPETING CONTRACTOR? YES NO

THIS IS NOT A VALID APPLICATION FOR EMPLOYMENT UNLESS SIGNED BELOW. BY SIGING THIS APPLICATION, I CERTIFY THAT I HAVE READ THE STATEMENTS BELOW AND THAT I AGREE TO THE TERMS AND CONDITIONS CONTAINED THEREIN.

BACKGROUND CHECKS

I hereby authorize all former employers and any other persons, firms, or corporations to release any information concerning my personal background and credit-worthiness. I understand that a consumer and/or investigative consumer report may be requested in connection with this application whereby information is obtained through personal interviews with my neighbors, friends, associates, or others with whom I am acquainted or who may have knowledge of my character, general reputation, personal characteristics, and mode of living, and I hereby authorize the procurement of any such report. I understand that, upon my request, I have the right to know if any such report was requested and, if so, the name and address of the consumer reporting agency which furnished such report and, in the case of a consumer investigative report, that I may inspect and receive a copy of such report by contacting such agency. I also understand that I have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if I request such disclosure within a reasonable period of time.

DRUG-FREE WORKPLACE

I consent to submit to a pre-employment drug screen. I agree that if hired, I will cooperate (1) in the collection at any time pursuant to the SEAMAR, LLC Drug-Free Workplace Policy of any biological specimen to be tested for the presence of drugs or alcohol; and, (2) in the opening and inspection of vehicles, lockers, work areas, desks, purses, briefcases, tool boxes, and other locations or belongings for the purpose of determining the presence of drugs, firearms, or other contraband; and, I will refrain from (1) possessing or using illicit drugs or drug-related paraphernalia on or off Company premises, whether on or off duty; (2) arriving on Company premises or reporting to work with any detectable quantity of any unauthorized or illicit drug in my system; and, (3) consuming alcohol on Company time, including while engaging in Company business off premises, except in moderate amounts on occasions when the consumption of alcohol is authorized by the Company.

EMPLOYMENT AT WILL

I understand that, if hired, my employment will not be pursuant to any type of contract or for any fixed period of time. I understand and agree that my employment is for no definite period of time and that it may be terminated at any time, for any reason, without notice. No person other than the President or Chief Executive Officer of SEAMAR, LLC may modify or amend this provision. I further understand that no representative of SEAMAR, LLC has the authority to enter into any contract with me or to make any assurances to the contrary, either oral or written.

ADA

I understand that any offer of employment by SEAMAR, LLC is contingent upon the satisfactory outcome of a post offer physical examination and/or demonstration at SEAMAR, LLC expense. If I require a reasonable accommodation to be able to take a medical, performance, or other employment related test, I will so inform SEAMAR, LLC prior to the administration of the test. SEAMAR, LLC reserves the right to require medical documentation concerning the need for the accommodation. I hereby agree to submit to a physical examination and/or demonstration.

PATENTS

I hereby assign to SEAMAR, LLC all my rights in and to any inventions which during my employment I may make or conceive, either solely or with others, in the course of such employment or with the use of the employer's time or facilities or relating to the employer's operations, processes, products, or business. I agree to sign, submit, and prosecute all patent applications, in the United States and elsewhere, and to execute in favor of SEAMAR, LLC all further assignments and documents which SEAMAR, LLC may require, all at SEAMAR, LLC expense. SEAMAR, LLC shall have no obligation to prosecute any such patent application or to make any payment whatsoever to me.

REIMBURSEMENT

In accordance with the provisions of LSA-R.S. 23:897(K), I hereby agree to reimburse SEAMAR, LLC for any costs incurred by such entity for pre-employment medical examination(s) and drug-testing provided that: (1) I resign from employment within 90 working days of my first day of work; (2) I earn at least \$1.00 an hour above minimum wage; and, (3) my resignation is not attributable to a substantial change made to the employment by the employer. Should I meet all of these conditions, SEAMAR, LLC is allowed to withhold such costs from my wages then due, in addition to any other amounts owed by me to the company for my purchase of items through the company, for the value of any company owned property taken or damaged by me, or for any other lawful reason.

MISREPRESENTATION

I understand and agree that any misrepresentation made by me herein will constitute a fraudulent attempt to secure employment and will be sufficient cause for cancellation of this application and/or termination from SEAMAR, LLC or any of its subsidiary companies, if I have been employed.

I hereby release each employer, person, firm, corporation, or company from any and all liability by reason of furnishing requested information or arising out of any medical, performance, drug, alcohol, or other employment test or investigative consumer report as discussed above. Further, I hereby certify that the answers given by me and the statements made by me in this Employment Application are true and correct to the best of my knowledge and that they are made freely and without mental reservation.

DATE

SIGNATURE

* ANSWERING "YES" TO A QUESTION WILL NOT NECESSARILY DISQUALIFY YOU FROM THE POSITION DESIRED. EACH ACTION AND EXPLANATION WILL BE WEIGHED / CONSIDERED IN RELATIONSHIP TO THE POSITION FOR WHICH YOU ARE APPLYING.