

LA INTERNATIONAL MARINE, L.L.C.

APPLICATION FOR EMPLOYMENT

(Pre-employment Questionnaire)

(An Equal Opportunity Employer)

You must personally complete the application for it to be considered. Applications are considered effective for only six (6) months. Thereafter, you must personally renew the application to be considered for employment.

PERSONAL INFORMATION:

Date:	Social Security Number:		
Full Name: (Last, First, Middle)			
Have you ever used another name or social security number for identification? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please identify:			
Present Address:	(No. & St.)	(City)	(State) (Zip)
Mailing Address:	(No. & St.)	(City)	(State) (Zip)
<small>(If different from Present Address)</small>			
Phone #:	Are you over 18 yrs. of age?		
()			
Are you either a U.S. Citizen or an Alien authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please state which one: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Alien			
Driver's License Number:	State:	Are there any restrictions to the drivers license?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have other relatives presently working for LA. INTERNATIONAL MARINE, INC.?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT DESIRED:

Position:	Date you can start:	Salary Desired:
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DOCUMENTATION INFORMATION:

USCG License:	Expiration Date:	Date of first issue:
Z Card Expiration Date:	Merchant Seaman's Rating:	I.D. Number:

FORMER EMPLOYEES: (Please list the last three, starting with the last one first)

Month & Year	Name & Address of Employer	Misc. Questions
Start Date:		Phone #:
		Contact:
		Position:
Date Left:		Salary:
		Reason for Leaving:
		Type of Work:
Start Date:		Phone #:
		Contact:
		Position:
Date Left:		Salary:
		Reason for Leaving:
		Type of work:
Start Date:		Phone#:
		Contact:
		Position:
Date Left:		Salary:
		Reason for Leaving:
		Type of Work:

EDUCATION:

	Name & Location of School	No. of Years Attended	Did You Graduate	Subjects Studied
High School				
Trade/Business or College				

U.S. MILITARY EXPERIENCE:

Branch:	Rank:
Present Membership in National Guard or Reserves: <input type="checkbox"/> Yes <input type="checkbox"/> No	

LA INTERNATIONAL MARINE, L.L.C.

PLEASE COMPLETE ALL INFORMATION REQUESTS	
Are you willing to take a drug screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you abide by the Safety Rules of LA. INTERNATIONAL MARINE, L.L.C.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If injured, will you accept the medical facilities recommended by LA. INTERNATIONAL MARINE, L.L.C.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, Explain:	

IN CASE OF AN EMERGENCY PLEASE NOTIFY:		
Name:	Address:	Phone #:

PLEASE READ THE FOLLOWING CAREFULLY

I declare that the answers to the questions in this application are correct and acknowledge that misstatement of fact or omission will be cause for dismissal or rejection. I authorize LA. INTERNATIONAL MARINE, L.L.C. to contact any of my previous employers as well as any reference source in order to verify the facts and information I have furnished regarding my qualifications and character. I hereby authorize any person(s) having knowledge thereof to provide such information to LA. INTERNATIONAL MARINE, L.L.C., and I hereby release from liability and agree to hold harmless any person that furnishes such information in good faith. I agree that I will submit to a urinalysis, breathalyzer and/or blood test requested by LA. INTERNATIONAL MARINE, L.L.C. as a condition of my employment. I authorize LA. INTERNATIONAL MARINE, L.L.C. to supply my employment record in whole or part and in confidence to any employer, insurance agency, or other party with a legal and proper interest, and I hereby release LA. INTERNATIONAL MARINE, L.L.C. from any liability and agree to hold harmless any employee of LA INTERNATIONAL MARINE, L.L.C. who furnishes such information. I further understand that my employment is for no fixed time and may be discontinued with or without cause or notice by myself or LA. INTERNATIONAL, L.L.C. I understand that no employee or officer or agent of LA. INTERNATIONAL MARINE, L.L.C. may bind it by oral or printed statements, including handbooks, benefit books, or bulletins, contrary to the above. Finally, I understand that no unauthorized alcohol, drugs, or firearms are permitted on company premises, and that either being under the influence of illicit drugs or having identifiable traces of them in my system during working hours is strictly prohibited. If medication is prescribed by a doctor, I am required to notify management, in writing, of the specific medical problem and the exact drug that has been prescribed, immediately upon reporting to work.

NOTICE: LA. INTERNATIONAL MARINE, L.L.C. has a policy prohibiting the possession, distribution, use, consumption or being under the influence of illegal or unauthorized alcohol or drugs (synthetics, designers, etc.) and other harmful substances in order to provide a safe and healthful environment for the firm's employees, visitors and other personnel. You will be dropped from consideration of employment with LA. INTERNATIONAL MARINE, L.L.C. if the results of your urine sample drug screen indicate that you are applying for a job while you are using any of the above-mentioned illegal or unauthorized substances. Vessel Applicant's Only: The United States Coast Guard will be notified of all licensed personnel testing positive in the drug screen!
(The applicant may choose to have a second set of tests performed on the same positive urine sample; however, the second test must be paid for by the applicant and requested in writing within 24 hours after being disqualified.)

Under provisions of the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681, et seq. Notice is hereby given that a consumer report or investigative consumer report may be made which may include information as to your credit worthiness, character, general reputation, personal characteristics, and mode of living, which will be used for employment purposes. An investigation into your workers' compensation or industrial accident background may also be conducted.

You are further advised that, under the Act, any person who procures or causes preparation of an investigative consumer report or any consumer shall, upon written request made by the consumer within a reasonable time after receipt of the disclosure required by subsection 1681(d), make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than 5 days after the date on which such request was received from the consumer or such report was first requested, whichever is the latter.

You are further advised that if you are denied employment, either wholly or partly, because of information contained in a consumer report as that term is defined in the Fair Credit Reporting Act, that a disclosure will be made to you of the name and address of the consumer reporting agency making such report.

If you have any questions whatsoever about the information of this application form you should ask LA. INTERNATIONAL MARINE, L.L.C. representative now, before signing it.

I have carefully read the information on this form, realize I had the opportunity to ask questions about it, and understand what it means.

I hereby certify that the questions on this application have been answered truthfully and understand that any false representation will result in discharge.

Signature of Applicant

Date

Basic Safety Completed	Water Survival Course Completed
Date: _____	Date: _____