

COMAR MARINE CORPORATION

P. O. BOX 1820, AMELIA, LA 70340

Phone: 985-631-9004

Fax: 985-631-3513

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)

(An Equal Opportunity Employer)

You must personally complete the application for it to be considered.

PERSONAL INFORMATION:

Date: _____ Social Security Number: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Home Phone #: _____ Cell/Alternate Phone #: _____

Are you over 18 yrs of age? _____ Yes _____ No

Are you either a U.S. Citizen or an Alien authorized to work in the United States? _____ Yes _____ No

If so, please state which one: _____ U.S. Citizen _____ Alien

Are there any restrictions to the drivers license? _____ Yes _____ No If so, explain _____

Has your license ever been revoked? _____ Yes _____ No If so, for what reason? _____

Have you ever been convicted of DWI? _____ Yes _____ No If so, when and where? _____

U.S.C.G. LICENSES/ENDORSEMENTS:

License/Endorsement	Issued Date	Expires	License #	Size/Type of License
Captain's License	_____	_____	_____	_____
FCC	_____	_____	_____	_____
Engineer's License	_____	_____	_____	_____
A. B. Card	_____	_____	_____	_____
O. S. Card	_____	_____	_____	_____
STCW Endorsement	_____	_____	_____	_____
First Aid	_____	_____	_____	_____
CPR	_____	_____	_____	_____
TWIC	_____	_____	_____	_____

Issue Date Expires License Type of License

Rigger _____

Have you ever had any Coast Guard license or document suspended and/or revoked? Explain: _____

Have you ever been convicted of a felony? _____ Yes _____ No If so, explain: _____

Where were you prosecuted? _____

Are you currently serving time or on probation? _____ Yes _____ No

Are you currently being prosecuted for an alleged felony? _____ Yes _____ No

If so, for what and where? _____

U.S. MILITARY EXPERIENCE:

Branch: _____ Rank: _____ Reserves: _____

Present Membership in National Guard or Reserves: _____ Yes _____ No

Type of Discharge: _____ Honorable _____ Dishonorable

EMPLOYMENT DESIRED:

Position: _____ Date You Can Start: _____ Salary Desired: _____

Years of Experience: _____ Work Shift Preference: _____

Do you have your **own** transportation to and from work? _____

Are you employed now? _____ If so, name & phone # of employer: _____

Can present employer be contacted? _____ Yes _____ No

Have you ever worked or applied for work to this company before? _____ Yes _____ No

If yes, when & what position? _____

Do you have other relatives presently working for **COMAR MARINE CORPORATION**? _____ Yes _____ No

If yes, give name and position: _____

JOB REQUIREMENTS:

Are you familiar with the physical & mental requirements of the position for which you are applying? _____ Yes _____ No

If yes, are you physically and mentally able to perform the tasks that may be required by the position for which you are applying? _____

Can you swim? _____ Yes _____ No Do you suffer from sea/motion sickness? _____ Yes _____ No

EDUCATION:

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

FORMER EMPLOYERS: (Please list last three starting with last employer first)

Month & Year	Name and Address of Employer	Misc. Questions
Starting Date:		Phone #:
		Supervisor/Contact:
		Position:
Ending Date:		Salary:
		Reason for leaving:
		Type of Work:

Month & Year	Name and Address of Employer	Misc. Questions
Starting Date:		Phone #:
		Supervisor/Contact:
		Position:
Ending Date:		Salary:
		Reason for leaving:
		Type of Work:

Month & Year	Name and Address of Employer	Misc. Questions
Starting Date:		Phone #:
		Supervisor/Contact:
		Position:
Ending Date:		Salary:
		Reason for leaving:
		Type of Work:

PERSONAL REFERENCES: Please list three (3) personal references that are not related to you.

NAME	TELEPHONE #	YEARS ACQUAINTED	BUSINESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Name	Address	Phone #
_____	_____	_____

By signing this employment form, I hereby certify that the facts set forth in this employment application are true and correct to the best of my knowledge. I further understand that if employed, falsified statements or misrepresentations contained in this employment application, whether by statement or omission, constitute grounds for my immediate dismissal.

By signing this employment application form, I acknowledge my agreement that if an offer of employment is made to me, my employment is for no definite period or time, and May, regardless of the date of payment of my wages or salary, are terminated at any time, with or without cause, without notice.

By signing this employment application form, I acknowledge my agreement that if an offer of employment is made to me, I will willingly submit to post-employment, random, post-accident and periodic urinalysis, polygraph and breath testing for illegal drugs and/or alcohol. Further, I authorize and consent to you sending copies of my urinalysis test results to the proper law enforcement authorities. Also further, I authorize and consent to you notifying and providing information to the proper law enforcement authorities should I refuse to submit to a urinalysis test. Specifically, I consent to the taking of these tests on any occasion upon which I may be injured or be involved in an accident.

By signing this employment application form, I acknowledge my agreement and authorize you to contact any former employers for purposes of obtaining my personnel records and files, as well as my work history from those former employers.

By signing this employment application form, I acknowledge my agreement and authorize any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with this application for employment. I agree that a photocopy of this authorization be accepted with the same authority as the original.

By signing this employment application form, I acknowledge my agreement that if an offer of employment is made to me, I will willingly submit to random searches of my person, personal effects and vehicle. Further, I authorize and consent to you taking into custody and/or turning over to proper law enforcement authorities any illegal drugs, drug paraphernalia, intoxicating beverages, firearms, weapons or stolen property discovered by these searches.

By signing this employment application form, I acknowledge my agreement that if an offer of employment is made to me, I will willingly submit to a post-employment medical examination by a physician chosen by my employer, and that I shall truthfully and fully comply with any and all requests by the medical examiner regarding my medical history and current medical status or condition.

I HAVE READ AND FULLY UNDERSTAND THESE CONDITIONS OF EMPLOYMENT AND BY SIGNING THIS EMPLOYMENT APPLICATION I AGREE AND WILL COMPLY WITH THESE TERMS.

Date Printed Name Signature

*****Office Use Only*****

Interviewed by: _____ Date: _____

Comments: _____

Hired: _____ Yes _____ No Position: _____ Vessel: _____

Employment Agency: _____ Yes _____ No Name of Agency: _____

Salary/Wage: _____ Date Reporting to Vessel: _____

Approvals: _____

Personnel Manager

Vessel Operations Manager



COMAR MARINE CORPORATION

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**REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON
(D.O.T.) ALCOHOL AND CONTROLLED SUBSTANCES TESTING**

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ (Social Security #) _____

hereby authorize COMAR Marine Corporation to request from my previous Employer(s) to release and forward information concerning my Alcohol and Controlled Substance Testing records in accordance with 49CFR part 40.25. This authorization is for DOT regulated employers during the past two years before the date of this application.

Within the past two years, have you tested positive, or refused to test, on any pre-employment DOT drug or alcohol test. Yes _____ No _____

Applicant Signature _____

Date _____

**TO BE COMPLETED BY PREVIOUS EMPLOYER
(D.O.T. Drug and Alcohol Test Only)**

1. Has the person named above ever tested positive for a controlled substance in the last two years? Yes _____ No _____
2. Has the person named above ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years? Yes _____ No _____
3. Has the person named above ever refused a required test for drugs or alcohol in the last two years? Yes _____ No _____

Completed By _____

Date _____

Company _____

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number.

SAP Name and Facility: _____

SAP Address and Phone #: _____

NOTICE TO APPLICANTS/EMPLOYEES REGARDING REPORTS

A consumer report containing information concerning your employment history, criminal records, and motor vehicle records may be obtained in connection with your application for and/or continued employment with the company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

CONSENT TO OBTAINING CONSUMER REPORTS
READ CAREFULLY BEFORE SIGNING

I HAVE READ THE ATTACHED "NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS" AND HEREBY AUTHORIZE THE COMPANY TO OBTAIN CONSUMER REPORTS AS DESCRIBED.

PRINT YOUR NAME

SIGNATURE

DATE