

**D & S**



*Marine Service*

# Employment Application

Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

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

---

PLEASE READ CAREFULLY

---

APPLICATION TERMS

In exchange for the consideration of my job application by D&S Marine Service, L.L.C. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of D&S Marine Service, L.L.C., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and D&S Marine Service, L.L.C. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission now and at anytime during my employment to conduct background checks including criminal checks, obtaining medical information, contacting schools & previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I authorize a photocopy or fax of this consent for background checks to be considered as effective and valid as the original. All results will be kept confidential and not provided to any other parties except the company or it's legal representatives. I voluntarily waive all recourse against and hereby release the requested parties from liability for complying with this general release.

I also understand that (1) the Company has a drug and alcohol policy that provides for post-offer of employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. I further understand that there are certain physical performance requirements related to specific job classification and that my ability to meet those job-related requirements may be tested post-offer and during employment.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

# Employment Application Form

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**



**PLEASE COMPLETE ALL PAGES** DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone \_\_\_\_\_

Under 18?    Yes    No

Position applied for ( ) Wheelhouse Position  
 (Check One)    ( ) Tankerman Position  
                   ( ) Experienced Deckhand Position  
                   ( ) Deckhand Trainee Position  
                   ( ) Other – List \_\_\_\_\_

**USCG Document Information**

**USCG License 1**

Type \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Issue Date \_\_\_\_\_  
 Exp. Date \_\_\_\_\_

**USCG License 2 (if applicable)**

Type \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Issue Date \_\_\_\_\_  
 Exp. Date \_\_\_\_\_

Deckhand Trainee Applicants Only

(Check One)  
 Yes    No    Have you ever held a job where you were away from home for weeks at a time?  
 If yes, explain \_\_\_\_\_

---

Yes    No    Can you be away from home for weeks at a time?

Employment desired     FULL-TIME ONLY     PART-TIME ONLY     FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				

---

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR?       No       Yes

I understand that, as set forth in this application, an investigative consumer report may be requested.

HAVE YOU EVER BEEN CONVICTED OF A FELONY?       No       Yes

I understand that, as set forth in this application, an investigative consumer report may be requested.

---

DO YOU HAVE A MEANS OF TRANSPORTATION TO WORK?       Yes       No

Driver's license number / state issued: \_\_\_\_\_ / state: \_\_\_\_\_

Do you have a:     Operator     Commercial (CDL)     Chauffeur      Expiration date: \_\_\_\_\_

---

**All Applicants With Tankerman's License**

(Check One)

Total Years With License _____	Black Oil Experience	Yes	No	Number of Transfers _____
	Chemical Experience	Yes	No	Number of Transfers _____
	Refined Product Experience	Yes	No	Number of Transfers _____

---

**Wheelhouse Applicants Only**

Posting Experience

Intracoastal Waterway (Houston to West)	From Mile _____	to Mile _____	_____ Times
Intracoastal Waterway (Houston to New Orleans)	From Mile _____	to Mile _____	_____ Times
Intracoastal Waterway (New Orleans to East)	From Mile _____	to Mile _____	_____ Times
Lower Mississippi River	From Mile _____	to Mile _____	_____ Times
Red River	From Mile _____	to Mile _____	_____ Times
Tennessee – Tombigbee Waterway	From Mile _____	to Mile _____	_____ Times
Tennessee River	From Mile _____	to Mile _____	_____ Times
Ohio River	From Mile _____	to Mile _____	_____ Times
Illinois River	From Mile _____	to Mile _____	_____ Times
Upper Mississippi River	From Mile _____	to Mile _____	_____ Times

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

EMPLOYMENT APPLICATION

CONFIDENTIAL DRUG & ALCOHOL TESTING INFORMATION  
DOT REGULATION 49 CFR Part 40.25

Employee Consent Form

Applicant Information – PLEASE FILL OUT COMPLETELY!

Full: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please list any "other names" (e.g. "nick" names) you may have used or been known by a previous employer:

\_\_\_\_\_

I hereby authorize my previous employer(s) (listed below) to release the following information with regard to any chemical testing records to my prospective employer: a) alcohol test with a result of 0.04 or higher alcohol concentration, b) verified positive drug test, c) refusals to test including verified adulterated or substituted drug test results, d) any other violation of DOT/USCG drug and alcohol testing regulations, and e) With respect to any violation of a DOT/USCG chemical testing regulation, documentation of the employee's completion of DOT return-to-duty requirements including follow up test, Name of Substance Abuse Clinic/Professional, Telephone and fax numbers. Use pages 5 & 6 to report additional employers if any. Please list all employers (D.O.T. regulated Marine & Transportation Companies) for the previous 24 months.

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

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone number	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you complete this application yourself <input type="checkbox"/> Yes <input type="checkbox"/> No If not, who did? _____			

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

**EMPLOYMENT APPLICATION**

SHORE APPLICANTS ONLY

Typing	<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	Word	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	_____ WPM	10-key	Processing	<input type="checkbox"/> No	_____ WPM
Personal	<input type="checkbox"/> Yes	PC <input type="checkbox"/>	Other	_____		
Computer	<input type="checkbox"/> No	Mac <input type="checkbox"/>	Skills	_____		

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**List all prior places of residence for the last 10 years.**

1. Street: _____	City: _____
Zip: _____	Parish/County: _____
2. Street: _____	City: _____
Zip: _____	Parish/County: _____
3. Street: _____	City: _____
Zip: _____	Parish/County: _____
4. Street: _____	City: _____
Zip: _____	Parish/County: _____
5. Street: _____	City: _____
Zip: _____	Parish/County: _____