

# SEA SUPPORT VENTURES, LLC

Mailing Address: 104 ABC LANE · CUTOFF, LA 70345

Phone: 985-632-6000

Fax: 985-632-6011

## **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 (PLEASE PRINT) First Full Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Are you 18 yrs of age or older? \_\_\_ Yes \_\_\_ No

E-mail address (voluntarily): \_\_\_\_\_

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Has your license ever been revoked?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. Coast Guard Maritime Documents - List in

Detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

**U.S. MILITARY EXPERIENCE:**

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Reserves: \_\_\_\_\_

Present Membership in National Guard or Reserves: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Honorable: \_\_\_\_\_ Dishonorable: \_\_\_\_\_

Do you have other relatives presently working for **SEA SUPPORT VENTURES, LLC**? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMPLOYMENT DESIRED:**

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you ever applied to this company before? \_\_\_\_\_ If so, where and when? \_\_\_\_\_

**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 last one first)

Month & Year	Name and Address of Employer	Misc. Questions
From:		Phone #:
		Contact:
		Position:
		Salary:
		Reason for leaving:
		Type of Work:

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From:		Phone #:
		Contact:
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From:		Phone #:
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		Position:
		Salary:
		Reason for leaving:
		Type of Work:

**IN CASE OF AN EMERGENCY PLEASE NOTIFY:**

Name	Address	Phone #
Relation		

**VESSEL APPLICANTS ONLY:**

(other applicants may proceed to the last page)

Type of Wheelhouse license: \_\_\_\_\_ Date of first issue: \_\_\_\_\_

Expiration date of present license: \_\_\_\_\_

Horsepower of vessels operated: \_\_\_\_\_

Size of Tow: \_\_\_\_\_

Geographical areas worked: \_\_\_\_\_

Tankermans Endorsement? \_\_\_\_\_ Yes \_\_\_\_\_ No Grade of endorsement: \_\_\_\_\_

**Tankering Experience**

Split Cargo	_____ Yes	_____ No
Chemicals	_____ Yes	_____ No
Bunkering	_____ Yes	_____ No
Hot Oil	_____ Yes	_____ No
Closed Gauging	_____ Yes	_____ No
Vapor Recovery	_____ Yes	_____ No

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at anytime without prior notice.

Date	Printed Name	Signature
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\*\*\*\*\*Office Use Only\*\*\*\*\*

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hired: \_\_\_\_\_ Yes \_\_\_\_\_ No Position: \_\_\_\_\_ Boat: \_\_\_\_\_

If terminated would rehire: \_\_\_\_\_ Yes \_\_\_\_\_ No

Salary/Wage: \_\_\_\_\_ Date Reporting: \_\_\_\_\_

Approvals: \_\_\_\_\_  
Employment Manager Vessel Operations Manager