

HARBOR OFFSHORE MARINE, INC.  
 HARBOR LAUNCH SERVICE

**EMPLOYMENT APPLICATION**

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Personal Background**

Name \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_  
 Street City State Zip

Telephone # ( ) \_\_\_\_\_ Social Security # \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Date of Birth \_\_\_\_\_ Do you have your own transportation to and from work? \_\_\_\_\_

Make / Model / Year of Vehicle \_\_\_\_\_

Are you currently employed? \_\_\_\_\_. If YES, please provide the name and telephone number of employer and reason for leaving \_\_\_\_\_

Position Applying For \_\_\_\_\_ Years of Experience \_\_\_\_\_

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

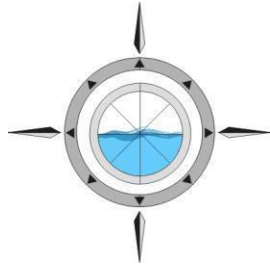
Have you ever worked or applied for work with this company or any of its affiliates before? \_\_\_\_\_  
 If YES, with whom and when? \_\_\_\_\_

**Licenses**

LICENSES	YES	NO	ISSUED	EXPIRES	NUMBER	SIZE / TYPE OF LICENSE
Driver's License						
USCG Capt. License						
USCG Engineer's License						
USCG Z Card						
USCG A.B. Card						
USCG O.S. Card						
FCC Radio License						
TWIC Card (*Required)						
Other						

**Education**

GRADE COMPLETED	NAME OF SCHOOL	YRS. ATTENDED	GRADUATED	DEGREE/MAJOR
GRADE SCHOOL 1 2 3 4 5 6 7 8				
HIGH SCHOOL 9 10 11 12				
COLLEGE 1 2 3 4				
BUSINESS / TRADE / OTHER				



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**Military Service Record**

Have you ever served in the armed forces? \_\_\_\_\_ If YES, what branch? \_\_\_\_\_

Honorably Discharged? \_\_\_\_\_ If NO, why? \_\_\_\_\_

Date of Duty: From \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

What were your duties? \_\_\_\_\_

Any Special Training? \_\_\_\_\_

**Employment Record for Last 5 Positions or 5 Years (Starting with the Most Recent)**

EMPLOYER NAME	ADDRESS & PHONE	DATES	POSITION	PAY RATE	REASON FOR LEAVING

Have you ever been disciplined, suspended or terminated by any employer for any reason including, but not limited to, alleged drug or alcohol use or abuse? \_\_\_\_\_ If YES, please provide complete details:

\_\_\_\_\_  
\_\_\_\_\_

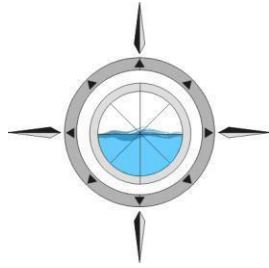
**Job Requirements**

Are you familiar with the physical and mental requirements of the position for which you are applying? \_\_\_\_\_  
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? \_\_\_\_\_ Do you suffer from sea/motion sickness? \_\_\_\_\_

**Criminal Record/Background**

Have you ever been convicted of a felony? \_\_\_\_\_ Have you ever been arrested and/or convicted of any crime involving drugs/alcohol? \_\_\_\_\_ If you have answered YES to any of the above questions, please provide complete information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### References

Please list all relatives and/or friends currently or recently employed **by this company and any of its affiliates.**

NAME	YRS ACQUAINTED	RELATIONSHIP

Please list three (3) personal references that are **not related** to you.

NAME	TELEPHONE #	YEARS AQUAINTED	BUSINESS

In case of emergency, notify \_\_\_\_\_ Telephone # \_\_\_\_\_

By signing this employment application form, I certify the facts set forth are true and agree to the following terms:

I agree that falsified statements or misrepresentations herein, whether by statement or omission, constitute grounds for my immediate dismissal.

I agree that if an offer of employment is made to me, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, with or without cause, without notice. I further agree to submit to pre-employment, post-employment, random, post-accident and periodic urinalysis, polygraph and breath testing for illegal drugs and/or alcohol. I authorize and consent to Harbor Offshore Marine, Inc. notifying and providing information to the proper law enforcement authorities should I refuse to submit to any of the above-named tests. Specifically, I consent to the taking of these tests on any occasion upon which I may be injured or involved in an accident.

I authorize Harbor Offshore Marine, Inc. to contact any former employer for purposes of obtaining my personal records and files, and my work history. I agree 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 Harbor Offshore Marine, Inc. 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.

I will willingly submit to random searches of my person, personal effects and vehicle. I further authorize and consent to being taken 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 such searches. I also agree to submit to a post-employment medical examination by a physician chosen by Harbor Offshore Marine, Inc., and that I shall truthfully and fully comply with any and all requests by the medical examiner regarding my medical history and current medical condition.

I authorize and consent Harbor Offshore Marine, Inc. to deduct the cost of my post-employment urinalysis and medical examination from my paycheck if I voluntarily quit my employment or if I violate other guidelines provided by Harbor Offshore Marine, Inc. within ninety (90) days of being hired.

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

NAME (PRINT) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_