



Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED PLEASE PRINT

Position Desired: _____ Onshore Offshore Wage Expected: _____

Employment Desired: Full Time Part Time Full or Part Time

Name: _____ Last four digits of SSN: _____
First Middle Last

Present Address: _____
No. Street City State Zip

Previous Address: _____
(If less than 3 years) No. Street City State Zip

Telephone Number: () _____ E-mail Address: _____

Do you have a legal right to work in the United States? Yes (Proof Required Upon Hire) No

Are you over the age of 18? Yes No

Have you ever worked for this company before? Yes No

Would you be willing to travel out of the country? Yes No

Do you have a current passport? Yes No

COMPLETE THIS SECTION ONLY IF APPLYING FOR A DRIVER POSITION

Driver Licenses	State	License Number	Type	Expiration Date

Traffic Convictions (last 3 yrs.)	Date	Location	Charge

May we run a Motor Vehicle Report (MVR)? Yes No

EDUCATION AND TRAINING (List highest level completed)

Type of School	Name and City	Did you Graduate?	Course of Major
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Training Certifications	Licensing/Issuing Authority	Expiration Date
TWIC Card <input type="checkbox"/> Yes <input type="checkbox"/> No		
Water Survival Cert. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Rigging Cert. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Safe Gulf Cert. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other _____		

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH THE MOST RECENT

1.	Company Name	Dates Worked	From	To
	Address (city, state and zip)	Salary	Starting	Ending
	Phone Number ()	Position Held		
	Type of Business	Duties/Responsibilities		
	Reason for Leaving			
2.	Company Name	Dates Worked	From	To
	Address (city, state and zip)	Salary	Starting	Ending
	Phone Number ()	Position Held		
	Type of Business	Duties/Responsibilities		
	Reason for Leaving			
3.	Company Name	Dates Worked	From	To
	Address (city, state and zip)	Salary	Starting	Ending
	Phone Number ()	Position Held		
	Type of Business	Duties/Responsibilities		
	Reason for Leaving			
4.	Company Name	Dates Worked	From	To
	Address (city, state and zip)	Salary	Starting	Ending
	Phone Number ()	Position Held		
	Type of Business	Duties/Responsibilities		
	Reason for Leaving			

May we contact your present employer?

Yes

No

Have you ever been convicted of a felony? (If yes, please explain)

Yes

No

Authorization

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that any false statement or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the company. I understand that any employment is conditioned on a background check. I authorize the company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers to disclose information regarding my former employment character and general reputation to the company without giving me prior notice of such disclosure. In addition, I release the company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure. I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will", without fixed term and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the company. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon the company unless made in writing. If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the company and as permitted by law. I consent to such examinations and test, and I request that the examining doctor disclose to the company the results of the examination which results shall remain confidential and segregated from my personnel file. I understand that my employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test. I understand that filing out this application does not indicate there is a position open and does not obligate the company to hire. This application for employment shall be considered active for a period of time not to exceed 90 days.

Signature of Applicant

Date

HR USE ONLY

Interview Date:	
Interview Conducted By:	
Location:	
Closed By:	
Closing Date:	

**NOTICE TO APPLICANTS/EMPLOYEES REGARDING
CONSUMER REPORTS**

A consumer report containing information concerning character, employment history, general reputation, personal characteristics, police record, educational qualifications, motor vehicle record, quality of living, credit worthiness or indebtedness, may be obtained in connection with your application or for continued employment with the company. You may request the name, address and phone number of the reporting agency and the nature of the consumer report.

You will be provided a copy of the report before any adverse action is taken, based on whole or in part of the information contained in the consumer report. A summary of your rights under the Fair Credit Reporting Act will be provided to you as well. The Personnel Department will be allotted five (5) days from the date of your written notification to furnish you with a copy.

**CONSENT TO OBTAIN CONSUMER REPORTS
READ BEFORE SIGNING**

I have read and understand the "Notice to Applicants/Employees Regarding Consumer Reports". I hereby authorize InterMoor Inc. to obtain a copy of my consumer report. I also authorize any present or former employer, consumer reporting agency, educational institution, criminal justice agency, department of motor vehicles, financial institutions or any other person or agency to submit information about myself to InterMoor Inc. I hold said person and/or organizations blameless and without liability for statements made regarding my character, experience or qualifications.

By my signature below, I acknowledge that I have read and understand all of the above statements.

Print

Sign

Date