



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

Applicant Name: _____
First Middle Last Suffix

Physical Address: _____ Mailing Address: _____

Primary Phone: () - _____ Alternate Phone: () - _____

Primary E-mail: _____ Alternate E-mail: _____

- Do you have a legal right to work in the United States? Yes (Proof Required Upon Hire) No
- Are you 18 years of age or older? Yes No
- Would you be willing to travel out of the country? Yes No
- Have you ever worked for InterMoor Inc. before? Yes No
- Are any of your relatives currently employed by InterMoor Inc.? Yes (Please provide name and relationship) No

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Do you have a current passport? Yes (Please provide passport number, issue date, and expiration date below) No

Passport Number: _____ Issue Date: _____ Expiration Date: _____

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

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	Issuing Agency	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 _____		
Other _____		
Other _____		
Other _____		

PROFESSIONAL LICENSE(S) REFERENCE SECTION 1 (IF APPLICABLE)

License Type: _____ License Number: _____
 Expiration Date: _____ Issuing Agency: _____
 Contact Name: _____ Contact Phone: _____

PROFESSIONAL LICENSE(S) REFERENCE SECTION 2 (IF APPLICABLE)

License Type: _____ License Number: _____
 Expiration Date: _____ Issuing Agency: _____
 Contact Name: _____ Contact Phone: _____

PROFESSIONAL LICENSE(S) REFERENCE SECTION 3 (IF APPLICABLE)

License Type: _____ License Number: _____
 Expiration Date: _____ Issuing Agency: _____
 Contact Name: _____ Contact Phone: _____

PROFESSIONAL LICENSE(S) REFERENCE SECTION 4 (IF APPLICABLE)

License Type: _____ License Number: _____
 Expiration Date: _____ Issuing Agency: _____
 Contact Name: _____ Contact Phone: _____

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

1.	Company Name	Date From	Date To	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address (city, state and zip)	Starting Base Salary	Ending Base Salary	
	Phone Number	Position / Title		
	Contact Name	Duties / Responsibilities		
	Reason for Leaving			
2.	Company Name	Date From	Date To	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address (city, state and zip)	Starting Base Salary	Ending Base Salary	
	Phone Number	Position / Title		
	Contact Name	Duties / Responsibilities		
	Reason for Leaving			
3.	Company Name	Date From	Date To	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address (city, state and zip)	Starting Base Salary	Ending Base Salary	
	Phone Number	Position / Title		
	Contact Name	Duties / Responsibilities		
	Reason for Leaving			
4.	Company Name	Date From	Date To	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address (city, state and zip)	Starting Base Salary	Ending Base Salary	
	Phone Number	Position / Title		
	Contact Name	Duties / Responsibilities		
	Reason for Leaving			
5.	Company Name	Date From	Date To	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address (city, state and zip)	Starting Base Salary	Ending Base Salary	
	Phone Number	Position / Title		
	Contact Name	Duties / Responsibilities		
	Reason for Leaving			

Have you ever been convicted of a felony? Yes (Please explain) No

PROFESSIONAL REFERENCES

1. _____	Phone: () _____	E-Mail: _____
2. _____	Phone: () _____	E-Mail: _____
3. _____	Phone: () _____	E-Mail: _____

AUTHORIZATION TO VERIFY INFORMATION

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 and I authorize the company to thoroughly investigate all statements contained in my application or resume.

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. Additionally, 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, by 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 and alcohol testing before starting work. If employed, I also agree to submit to these examinations at any time, for the duration of my employment, as deemed appropriate by the company and as permitted by law. Additionally, I request that the examining doctor disclose the results of the examinations to the appropriate company representative. All results shall remain confidential and segregated from my personnel file.

I understand that my employment, to the extent permitted by law, is contingent upon medical examinations and drug and alcohol testing results.

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 ninety (90) days.

Signature of Applicant

Date

**NOTICE TO APPLICANTS / EMPLOYEES REGARDING CONSUMER REPORTS
AND BACKGROUND SCREENING**

APPLICANT/EMPLOYEE READ AND COMPLETE THE FOLLOWING

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested from DISA Inc. that may include information as to my character, general reputation, personal characteristics, mode of living and credit standing.
 - a. I understand that as directed by company policy and consistent with the job described, that information such as but not limit to criminal and warrant records, social security number verification, credit and financial information, education, driving history, employment history, personal references, certifications and professional licenses, drug testing results, address history, and workers compensation records may be obtained.
 - b. I understand that such information may be obtained by direct or indirect contact from former employers, schools, courts, public agencies, or any other agency or institution and through personal interviews with neighbors, friends, associates, acquaintances, or other persons who have such knowledge.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

By signing this form I hereby authorize, without reservation, InterMoor Inc. to obtain a copy of my consumer report. I also authorize any institution, information service bureau, present or former employer, consumer reporting agency, educational institution, criminal justice agency, department of motor vehicles, financial institution, insurance company or any other person, agency, or source contacted 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. I acknowledge that I have read and understood the "Notice to Applicants / Employees Regarding Consumer Reports" form. I understand that if hired my consent will apply throughout the term of my employment.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Full name as it appears on your state issued drivers license or identification card: Driver's License Number:

Other Names (Nicknames):

State Issuing License:

Home (Physical) Address:

Social Security Number:

Signature:

Today's Date:

Date of Birth:

THIS FORM CONTAINS CONFIDENTIAL INFORMATION AND WILL BE KEPT SEPARATE FROM ALL FILES!