

Dear Applicant:

Thank you for your interest in GO Marine Services. Below are some guidelines to assist you in accurate and proper completion of your application for employment.

You must complete all forms in entirety in order to be considered for employment.

- 1) **APPLICATION FOR EMPLOYMENT:** Please complete, sign and date the application. The application requires a minimum of 5 years employment history (if applicable).
- 2) **INFORMATION FORM:** Complete in entirety.
- 3) **CONSENT FOR OBTAINING CONSUMER REPORTS:** Print, sign and date this form. A birth date is required for consumer reports/background checks. Without complete information, your application cannot be considered for employment.
- 4) **AFFIRMATIVE ACTION VOLUNTARY INFORMATION FORM:** Voluntary information can be provided on this form.
- 5) **AUTHORIZATION FOR RELEASE OF DOT DRUG AND ALCOHOL RECORDS:** This form will be sent to your employer(s) of the previous two (2) years. **You must complete Section 1 and Section 1B only. DO NOT COMPLETE SECTION IIA OR SECTION IIB!!** You must complete one (1) form for each employer. Your signature, social security number and date must be on the form. If your previous employer did not participate in a DOT drug and alcohol testing program, please note such on the form.
- 6) **DOCUMENTS REQUIRED:** Please return properly completed application along with copy of the following documents:
 - a. Valid Driver's License
 - b. TWIC
 - c. Social Security Card
 - d. All training certifications
 - e. DD214 (if prior military service)

If you do not provide complete information, your application will not be considered for employment.

You may return completed application along with documents via:

- 1) Email: jobs@GOMarineservices.com
- 2) Fax: 1-888-711-8353
- 3) Mail: 3909 Ambassador Caffery, Ste. H1 Lafayette, LA 70503

PLEASE SEND APPLICATION ONLY ONCE! Do not send by all media.

You will be contacted if your application is considered for employment.

APPLICATION FOR EMPLOYMENT

Position applied for:	Phone Number:
Email:	() -
Name (Last, First, Middle)	SSN:
Mailing Address:	
Physical Address (if different from mailing address)	

EMPLOYMENT HISTORY (Minimum 5 years) (use additional sheet if necessary)

Company:	Address:
Phone Number: () -	Position:
Dates of Employment: From _____ to _____	
Reason for leaving:	
Supervisor:	
Company:	Address:
Phone Number: () -	Position:
Dates of Employment: From _____ to _____	
Reason for leaving:	
Supervisor:	
Company:	Address:
Phone Number: () -	Position:
Dates of Employment: From _____ to _____	
Reason for leaving:	
Supervisor:	

Explain any gap(s) in employment history:
Provide special skills, training or experience for position applied for:
If presently employed, may we contact your present employer? _____ Yes _____ No
Do you hold a valid TWIC card? _____ Yes _____ No If yes, provide expiration date _____
Do you hold a valid driver's license? _____ Yes _____ No
Drivers License No.: _____ State _____ Expires _____
Are you at least 18 years of age: _____ Yes _____ No

HAVE YOU COMPLETED ANY OF THE FOLLOWING TRAINING COURSES (Please check all completed courses)			
____ Water Survival	____ HUET	____ Accident Investigation	____ Spill Response
____ ServSafe	____ Confined Space	____ Bridge Resource Mgmt.	____ Hazwoper
____ PEC/Safegulf/SEMS	____ First Aid/CPR/BBP	____ Firefighting	____ Rigging

EDUCATION

High School Attended:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year: _____
College Attended:	Degree Received?	Year: _____
Military Service: Branch _____ From: _____ to _____ Type of Discharge: _____		

REFERENCES (Someone other than relative you have known for a minimum of five (5) years)

Name:	Address:	Phone No.: () -
Occupation:	# Years Known	
Name:	Address:	Phone No.: () -
Occupation:	# Years Known	
Name:	Address:	Phone No.: () -
Occupation:	# Years Known	

Are you a citizen of the United States or legally documented to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position requires you to work away from home for extended periods of time? Are you willing and able to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide all details of conviction(s):
Have you ever used illegal substances? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____

The essential functions of fleet positions may require working aboard a vessel for 28 days or more. You will be subjected to working in extreme weather conditions such as winds, high seas, cold, heat, rain, etc. You will also be subjected to noise, confined spaces, small and possibly shared living quarters. Physical demands include standing, walking, climbing ladders and stairs, lifting and carrying 50 pounds or more when required, crawling, squatting, bending, reaching, pushing, pulling, crouching, kneeling, speaking, hearing and seeing. Can you fulfill these requirements?
 Yes No

I hereby certify the information I have provided on this application is true and correct to the best of my knowledge. I further understand if it is determined any information on this application is incorrect or falsified, it may result in rejection of application or if already employed, termination of employment. I authorize all prior employers to release information regarding my past employment.

I understand any offer of employment is subject to satisfactory completion of Non-DOT drug screen, Non-DOT Alcohol Test and pre-employment physical. I hereby authorize any drug screen facility/clinic/physician to release all information relative to drug screen and physical to the company.

I understand, if employed, I will be subjected to random drug screens at company's discretion. I hereby authorize release of all information relative to random drug screens to the company.

I understand employment may be terminated by me or the company at any time.

I understand I may not enter into any agreements/contracts on behalf of the company.

Applicant

Date

INFORMATION FORM

FULL NAME (Last, First, Middle):		
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:
PHONE NUMBER	HOME:	CELL:
DRIVER'S LICENSE NO.:	STATE:	EXPIRATION DATE:
CURRENT PHYSICAL ADDRESS:		HOW LONG:
PREVIOUS PHYSICAL ADDRESS:		HOW LONG:

AUTHORIZATION FOR RELEASE OF PERSONAL RECORD INFORMATION

I, _____, hereby authorize and request any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having knowledge of me to furnish GO Marine Services with any and all information they have regarding me. This is to include and not be limited to Enterprise/First Advantage Workports, Motor Vehicle Reports, Social Security Reports, Criminal History Reports, After-Offer Reports, Worker's Compensation Reports and/or Professional License/Credential verification in connection with application for employment.

I understand that a date of birth is required to obtain the aforementioned information and reports. Failure to furnish all information required above may cause application to be rejected. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience and/or qualifications.

 APPLICANT SIGNATURE

 DATE

CONSUMER REPORTS

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and continued employment with the company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon a timely written request to the Personnel Department of the company, and within five (5) days of the request, the name, address and phone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

CONSENT TO OBTAINING CONSUMER REPORTS

(Please read before signing)

1. I HAVE READ THE "NOTICE TO APPLICANTS REGARDING CONSUMER REPORTS" AND HEREBY AUTHORIZE THE COMPANY TO OBTAIN CONSUMER REPORTS AND/OR INVESTIGATIVE CONSUMER REPORTS AS DESCRIBED. I UNDERSTAND THAT I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE AMOUNT OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF ANY INVESTIGATIVE REPORT AND OR OTHER CONSUMER REPORTS THAT ARE MADE, INCLUDING THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE CONSUMER REPORTING AGENCY.
2. I HEREBY AUTHORIZE ANY PRESENT OR FORMER EMPLOYERS, CONSUMER REPORTING AGENCIES, EDUCATIONAL INSTITUTIONS, CRIMINAL JUSTICE AGENCIES, DEPARTMENTS OF MOTOR VEHICLES, PUBLIC AGENCY, FINANCIAL INSTITUTIONS OR ANY OTHER PERSON OR AGENCY HAVING KNOWLEDGE OF ME TO SUBMIT INFORMATION OR OPINIONS ABOUT MYSELF, INCLUDING DATA RECEIVED FROM OTHER SOURCES, IN ORDER THAT MY EMPLOYMENT QUALIFICATIONS MAY BE EVALUATED. I HOLD SAID PERSONS AND/OR ORGANIZATIONS BLAMELESS AND WITHOUT LIABILITY FOR STATEMENTS OR OPINIONS MADE REGARDING MY CHARACTER, EXPERIENCE OR QUALIFICATIONS.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE STATEMENTS.

NAME (PLEASE PRINT)

SIGNATURE

DATE

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

GO Marine Services’ policy is to recruit and employ personnel on the basis of qualifications without regard to race, color, religion, sex, age, national origin, handicap or veteran status. GO Marine Services’ policy also prohibits harassment in any form, including sexual harassment.

We request that you complete the below information solely to assist us in complying with Federal and State Equal Employment Opportunity and Affirmative Action record keeping requirements. Refusal to provide the information requested will not subject you to any adverse treatment.

PLEASE NOTE: This survey is NOT a part of your official application for employment. The information you provide will be recorded and the form will be maintained in a confidential file, separate from all other records.

APPLICANT INFORMATION:

NAME: _____

MALE: _____

FEMALE: _____

Completion of information below is voluntary.

Please indicate your ethnicity or race by selecting one option below. If you are Hispanic, please select the Hispanic category. If you are not Hispanic, please select one of the other categories:

- _____ *Hispanic or Latino* *A person Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.*

- _____ *American Indian or Alaska Native, Not Hispanic or Latino* *A person having origins in any of the of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*

- _____ *Asian, Not Hispanic or Latino* *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, the Philippine Islands, Thailand, and Vietnam.*

- _____ *Black or African American, Not Hispanic Or Latino* *A person having origins in any of the Black racial groups of Africa.*

- _____ *Native Hawaiian or Other Pacific Islander, Not Hispanic or Latino* *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

- _____ *White, Not Hispanic Or Latino* *A person having origins in any of the original peoples of Europe, the Middle East or North Africa.*

- _____ *Two or More Races, Not Hispanic or Latino* *All persons who identify with more than one of the above races.*

- _____ *I prefer not to answer*

AUTHORIZATION FOR RELEASE OF DOT DRUG AND ALCOHOL RECORDS
Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ **Date:** _____

I-A.
 New Employer Name: GO Marine Services
 Address: 3909 Ambassador Caffery Pkwy, Ste. H1
 Lafayette, LA 70503
 Phone #: 337-534-4323
 Designated Employer Representative: Jennifer Harris

 Fax #: 888-711-8353

I-B.
Previous Employer Name: _____
Address: _____

Phone #: _____
Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

- II-A.** In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing ~
1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** ___ **NO** ___
 2. Did the employee have verified positive drug tests? **YES** ___ **NO** ___
 3. Did the employee refuse to be tested? **YES** ___ **NO** ___
 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** ___ **NO** ___
 5. Did a previous employer report a drug and alcohol rule violation to you? **YES** ___ **NO** ___
 6. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process? **N/A** ___ **YES** ___ **NO** ___

NOTE: If you answered “yes” to item 5, you must provide the previous employer’s report. If you answered “yes” to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.
 Name of person providing information in *Section II-A*: _____
 Title: _____
 Phone #: _____
 Date: _____