**Offshore Energy Services, Inc.**
• Tubular Handling and Installation •

# EMPLOYMENT APPLICATION

First Letter of Last Name: ☐ Today's Date: ☐

**Offshore Energy Services, Inc. is an Equal Employment Opportunity Employer.**
All employment decisions are based on merit and business needs, and not on race, color, citizenship status, national origin, ancestry, gender, sexual orientation, age, religion, creed, physical or mental disability, marital status, veterans/military status, political affiliation, or any other factor protected by law.

**PLEASE WRITE/TYPE IN LEGIBLE PRINT AND COMPLETE ENTIRE APPLICATION**

## Applicant Information

| | | | |
|---|---|---|---|
| Last Name | First Name | M.I. | |
| Address | Apt # | Phone | Mobile |
| City | State ☐ Zip Code | Email | |
| Have you previously worked for OES? ☐ Yes ☐ No | If so, please list period of employment and position. | Driver's License #: | State |
| If hired, can you provide proof of identity and authorization to work in the United States (per the Immigration Refom & Control Act of 1986)? ☐ Yes ☐ No | | Are you 18 years of age or older? ☐ Yes ☐ No | Are you presently employed? ☐ Yes ☐ No |
| Do you have any relatives or friends employed by OES? ☐ Yes ☐ No | If so, state names and relationship. 1. 2. | | |
| Have you ever been terminated from employment as a result of the misuse of legitimate drugs or the use, possession, distribution, or sale of illicit or un-prescribed controlled drugs or contraband? ☐ Yes ☐ No | | Have you ever worked offshore? ☐ Yes ☐ No | |
| Have you been convicted of driving under the influence (DUI) in the past 5 years? ☐ Yes ☐ No | | Have you ever filed a worker's compensation claim? ☐ Yes ☐ No | |
| Have you ever been convicted of a felony? ☐ Yes ☐ No | If so, please explain. Conviction may not disqualify an applicant for employment. | | |

Do you currently hold any of the following certifications?

☐ TWIC ☐ SAFE GULF ☐ OVERHEAD CRANE ☐ WELDING ☐ RIGGING (API RP 20) ☐ FORKLIFT ☐ FALL PROTECTION ☐ OSHA CORE ☐ WATER SURVIVAL/ HUET

Other Certifications / Training?

## Position

Desired Location (OES Office): ☐ Desired Area: ☐ ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ On-Call

| | |
|---|---|
| Desired Position: (If applicable, mention job posting reference number.) | Start Date: |

How did you hear about OES and/or the available position? (Please provide description.)

☐ Newspaper ☐ Internet ☐ Employee Referral ☐ Other

## Education

List all degrees that you have received. List your HIGHEST DEGREE FIRST. (Include any special training, vocational, military training, or business schools.)

| Name of School | Location (City/State) | Type of School | Years Attended | Course of Study | Completed: Degree, Certifcate, or Diploma |
|---|---|---|---|---|---|
| | | | | | ☐ Y ☐ N |
| | | | | | ☐ Y ☐ N |
| | | | | | ☐ Y ☐ N |

## Military Service

| | | |
|---|---|---|
| Branch: | Served From: | To: |
| Rank at Discharge: | Type of Discharge: | |

## Employment History

Start with your current or most recent employer. May we contact your recent employers? ☐ Yes ☐ No

| Company Name | Tel | City | State | From (Month/Year) |
|---|---|---|---|---|
| Position | Responsibilities: | | | To (Month/Year) |
| Supervisor's Name & Title: | | Reason for Leaving: | | |

| Company Name | Tel | City | State | From (Month/Year) |
|---|---|---|---|---|
| Position | Responsibilities: | | | To (Month/Year) |
| Supervisor's Name & Title: | | Reason for Leaving: | | |

| Company Name | Tel | City | State | From (Month/Year) |
|---|---|---|---|---|
| Position | Responsibilities: | | | To (Month/Year) |
| Supervisor's Name & Title: | | Reason for Leaving: | | |

## References **(Please do not list household members or relatives.)**

List two personal references with knowledge of your work experience or education (people you have known for more than 12 months).

| Name | | Relationship: | Phone |
|---|---|---|---|
| City | State | Email | Years known: |

| Name | | Relationship: | Phone |
|---|---|---|---|
| City | State | Email | Years known: |

## Applicant's Signature and Disclaimer

I declare that my answers to the questions in this application are true and complete to the best of my knowledge and belief. I understand and agree that the omission or misrepresentation of any fact in the APPLICATION FOR EMPLOYMENT will be sufficient reason for OES to deny me employment. I also understand and agree that should I become employed by OES and it is later discovered I have omitted or misrepresented any fact in this APPLICATION FOR EMPLOYMENT, in any supplement thereto, or any other corporate record, OES may immediately terminate my employment upon discovery of such omission or misrepresentation.

I authorize OES to inquire with previous employer(s) or others who may have knowledge of me and to obtain a consumer report containing information regarding my prior work-related injuries, claims and lawsuits, driving history, criminal history, education and/or credit in connection with evaluating me for employment, promotion, reassignment or retention as an employee and release all parties from all liability for any damage that may result from furnishing same to you. In the event I am employed in a position which requires the use of an automobile in connection with my responsibilities, I will provide OES proof of valid driver's license. I will also authorize OES, upon request, to obtain my driving records from the Office of Motor Vehicles.

I understand that, if I am employed, my employment with OES is at-will and my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without notice and without cause.

If employed, I will abide by the rules, regulations, and statements of policy which now exist, or which may, from time to time, be added to, modified or changes, as circumstances warrant, at the sole discretion of OES. If injured, I authorize my employer to use best judgment for treatment unless I instruct otherwise.

Signature _____ ◯ I agree to the terms and conditions expressed in this employment application. (Selection required for digital submission.)

Date _____

Submit by Email careers@offshorees.com

Print Form Fax#: +1 (337) 839.2605

**Immigration Reform and Control Act (IRC 1986)**

Offshore Energy Services, Inc. complies fully with the Immigration Reform and Contorl Act of 1986. Once hired, employees are required to establish their identity and eligibility to work in the United States by completing INS Form I-9 no later than the third (3rd) day after beginning work. Failure to meet this requirement within the time specified will result in termination of employment.

## DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

| Remarks | | |
|---|---|---|
| | | |
| | | |
| | | Hired ☐ Yes ☐ No |
| Appearance | Communication | Start Date |
| Interview By: _____ | Initial:_____ Date:_____ | Position Assigned |