



APPLICATION FOR EMPLOYMENT

Position applied for: _____ Date of Application: _____

Name: _____ E-mail Address: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____

Referral Source: (How did you hear about us?) _____

Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date you are able to start work: _____	Are you legally able to work in United States? As required by the Immigration Reform and Control Act, persons offered employment by the company must provide acceptable proof of identity and employment eligibility to work in the United States. US Citizenship may be required for certain government contracts.
Do you have a TWIC Card? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been denied a TWIC Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you able to work in remote Alaskan locations (i.e. Dutch Harbor?) <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives or members of your household working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____	Have you previously applied or worked with Offshore Systems, Inc. or any other OSI affiliate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____	
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, reason? _____	Are any of your records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what name? _____	
Are you available to work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime <input type="checkbox"/> Holidays <input type="checkbox"/> On-Call	If applying for a job which requires one, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your driver's license ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Within the last 7 years, have you been convicted or pleaded no contest to any criminal offense? Information regarding expunged juvenile records need not be disclosed. Conviction of a crime will not automatically bar you from employment with the Company. Factors such as age and time of the offense, seriousness, nature of the violation, and rehabilitation will be taken into account.

Yes No If yes, indicate the nature of the offense, date, court and disposition. _____

Are you able to perform on a regular basis, the essential job function and duties of the job for which you are applying, with or without accommodations? Yes No

Offshore Systems, Inc. practices equal employment opportunity in all job openings. All qualified applicants will receive consideration for employment without regard to race, color, ancestry, gender, age, religion, marital, military or veteran status, citizenship status, sexual orientation, gender expression and identity, national origin, the presence of any sensory, mental or physical disability, you or your family's genetic information, or any other basis prohibited by local, state, or federal law. Disabled applicants may request a reasonable accommodation at any point in the employment process. Offshore Systems, Inc. is a drug-free workplace and pre-employment drug testing and background check is required.



EDUCATION/TRAINING

	NAME AND LOCATION OF SCHOOL	CIRCLE YRS COMPLETED	SUBJECTS STUDIED
High School		1 2 3 4	
College or University		1 2 3 4	
Graduate School		1 2 3 4	
Technical/Business		1 2 3 4	

EMPLOYMENT RECORD – Please list your employment experience, beginning with your present or most recent position. Please include any job-related military service assignment or job-related volunteer activities. You may exclude organizations which indicate race, color, ancestry, gender, age, religion, marital status, national origin, sexual orientation, gender expression and identity, the presence of any sensory, mental or physical disability, you or your family’s genetic information, or other protected status.

Employer	Employment Dates	Salary	Position	Eligible for Rehire?
Name:	From:	Starting:	Starting:	Yes <input type="checkbox"/>
Address:	To:	Ending:	Ending:	No <input type="checkbox"/>
Supervisor:	Reason for Leaving:			
Name:	From:	Starting:	Starting:	Yes <input type="checkbox"/>
Address:	To:	Ending:	Ending:	No <input type="checkbox"/>
Supervisor:	Reason for Leaving:			
Name:	From:	Starting:	Starting:	Yes <input type="checkbox"/>
Address:	To:	Ending:	Ending:	No <input type="checkbox"/>
Supervisor:	Reason for Leaving:			
List and explain any Military Service, including branch of service and dates, as well as, any periods of unemployment of more than 30 days.				
From:	To:			
From:	To:			

Check below the kinds of work you have performed or certifications you possess:

- Forklift Operator
 Carpenter
 Electrician
 Machinist
 Pipefitter
 Welding
 Crane Operator
 Cargo Handling
 Rigging
 Mechanic
 HVAC
 Vessel Operations
 Building Maintenance
 Oil Field
 HSE Training
 HAZWOPER
 Supervisory
 Computer Experience
 Office Skills
 Other Certifications _____



**PLEASE READ AND INITIAL EACH OF THE FOLLOWING ITEMS
BEFORE SIGNING THIS APPLICATION**

I UNDERSTAND as a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical.

Initial

I CERTIFY that all answers and statements I have made on this application (and resume or other supplementary materials, if any) as well as any facts I represent orally in any interview are accurate, true, and complete without omissions. I understand that any false information or omissions will be grounds for rejections of my application, and I may be subject to immediate termination if any false statement or omission is discovered after I am offered employment or I am employed.

Initial

I UNDERSTAND, ACKNOWLEDGE, AND AUTHORIZE you to make inquiry of and contact any former employer, educational institution or reference listed on this application or otherwise provided to you, and I authorize any of the persons, organizations, or institutions named in the application or other documents provided to you to give you complete information and records that may be required to make a hiring decision. I also understand you conduct, and I hereby consent to, a thorough background investigation, including examination of records maintained by law enforcement agencies. I release Offshore Systems, Inc. and all other persons and entities without limitation from any claim arising out of or related to any background investigations or disclosures including the evaluation of my fitness for employment.

Initial

I UNDERSTAND and agree, unless my employment is under the terms and conditions of a collective bargaining agreement, that my employment is at-will and may be terminated at any time without prior notice, with or without cause, at the option of Offshore Systems, Inc. or myself, and understand that no representative of OSI, other than the President, has authority to enter into any agreement contrary to the foregoing.

Initial

I UNDERSTAND that all Offshore Systems, Inc. property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize OSI to deduct from my final paycheck an amount necessary to satisfy any unpaid obligations.

Initial

I FURTHER CERTIFY that I am not engaged in any outside activity or business that could be considered in conflict with Offshore Systems, Inc. interest or those of its customers, nor will I become engaged in such activity or business if employed. I also certify that I am not bound by any agreement that would limit my ability to work for the company.

Initial

I FURTHER AGREE to conform to the rules, policies, and procedures of Offshore Systems, Inc. I understand that OSI retains the right to revise its rules, policies, or procedures, in whole or in part, at any time.

Initial

Signature of Applicant _____ Date _____