



APPLICATION FOR EMPLOYMENT

Position applied for: _____ Date of Application: _____

Name: _____ E-mail Address: _____
FIRST MIDDLE LAST

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____

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

Person to contact in case of emergency: _____ Relationship: _____ Phone: _____

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. <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on layoff status or subject to recall elsewhere? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wish to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary	
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 Ocean Marine Services or any other OMS 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 <input type="checkbox"/> N/A May we contact your previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____		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

Have you ever been convicted or pleaded no contest to any criminal offense or felony? 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 the essential job function and duties of the job for which you are applying, with or without accommodations? Yes No

Ocean Marine Services 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. Ocean Marine Services is a drug-free workplace and pre-employment drug testing 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	
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:

- Shipfitter
 Shipwright
 Electrician
 Machinist
 Pipefitter
 Welding
 Crane Operator
- Cargo Handling
 Truck Driving
 Deck
 Engineer
 Wheel house
 Supervisory
- Other _____ List Software skills _____



TO BE COMPLETED BY MARINE APPLICANTS ONLY

DOCUMENTS AND LICENSES

Merchant Mariner's Credential Number _____ Expiration Date _____

Endorsements _____

Have you ever:

Had any licenses, merchant mariner documents or credentials revoked by the coast guard at any time?

Yes No

Received warnings or letters of reprimand from the coast guard?

Yes No

Been involved in collisions, foundering, sinking's, groundings, or other incidents in which property damage or personal injury occurred?

Yes No

Please explain all "Yes" answers _____

ARPA #: _____ Expiration Date: _____

Passport #: _____ Expiration Date: _____

TWIC _____ Expiration Date _____

MARINE TRAINING

Basic Safety Training Date: _____ Location: _____

Bridge Resource Management Training Date: _____ Location: _____

First Aid/CPR #: _____ Expiration Date: _____

Firefighting: Basic Advanced Combo Expiration Date: _____

HAZWOPER: 24-hour or 40-hour Training Date: _____ Last Refresher Date: _____

Towing Endorsement Yes No Rating _____

Tankerman Endorsement Yes No Rating _____

GMDSS Endorsement Yes No Exp _____

ECDIS Endorsement Yes No Exp _____



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

_____ Initial
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 Ocean Marine Services 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 Ocean Marine Services or myself.

_____ Initial
I UNDERSTAND that all Ocean Marine Services property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize OMS 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 Ocean Marine Services 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 Ocean Marine Services I understand that OMS retains the right to revise its rules, policies, or procedures, in whole or in part, at any time.

Signature of Applicant _____ Date _____