

Application for Employment



Triple S Marine, LLC
P.O. Box 3367 Morgan City, LA 70381
Phone: 985-384-9283 Fax: 985-384-8234

It is the policy of the company to provide equal opportunity with regard to all terms and condition of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

Name _____

Social Security # _____

Date of Birth _____

Phone _____

Address _____

City/State/ZIP _____

Position applied for: (CHECK ONE) Captain License # _____ Wheelman Deckhand

Shift desired: Straight time Other _____

Special training or skills: (languages, machine operation, etc.) that would benefit you in the job for which you are applying: _____

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? Yes No Dates _____

Do you have a legal right to be employed in the U.S.? Yes (If yes, proof is required.) No

Are you of legal age to work? Yes No

Educational Background

Grammar School:
Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

High School:
Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College:
Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Graduate School:
Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Vocational, or other, training:
Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Continuing Education: _____

Previous Employers and Addresses



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Place an by the employer(s) you do not want us to contact. List the most recent employer first

1. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed From _____ / _____ To _____ / _____
MONTH/ YEAR MONTH/ YEAR

Position _____ Reason for Leaving _____ Last Wage _____

2. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed From _____ / _____ To _____ / _____
MONTH/ YEAR MONTH/ YEAR

Position _____ Reason for Leaving _____ Last Wage _____

3. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed From _____ / _____ To _____ / _____
MONTH/ YEAR MONTH/ YEAR

Position _____ Reason for Leaving _____ Last Wage _____

4. Company Name _____ Phone () _____

Contact Name _____

Address _____ Employed From _____ / _____ To _____ / _____
MONTH/ YEAR MONTH/ YEAR

Position _____ Reason for Leaving _____ Last Wage _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature _____ Date _____

This Application for Employment has been prepared for general use throughout the United States. Neither HR direct nor its counsel or advisors assume any responsibility for the inclusion in the Application for Employment of any questions which may violate local, State, or Federal laws. Users should consult their own legal counsel about any questions they may have concerning this form or its use.