

Attention: Applicants

It is the policy of Offshore Liftboats to run **all** potential employees through a full background check. Any applicant found to be dishonest on their job application will not be eligible for employment by Offshore Liftboats.

Thank you

FOR AN APPLICANT TO BE CONSIDERED FOR EMPLOYMENT, THEY MUST FILL OUT THIS APPLICATION ENTIRELY.

ANY APPLICATION THAT IS NOT COMPLETELY FILLED OUT WILL BE CONSIDERED INVALID.

ALL VALID APPLICATIONS WILL BE KEPT ON FILE FOR 90 DAYS.

YOU MAY RETURN THIS APPLICATION IN PERSON TO:

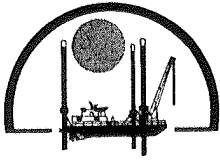
**OFFSHORE LIFTBOATS, LLC
16182 WEST MAIN STREET
CUT OFF, LA 70345**

OR MAIL IT TO:

**OFFSHORE LIFTBOATS, LLC
ATTN: FALLON DOMINIQUE
POST OFFICE BOX 398
CUT OFF, LA 70345**

IF YOU HAVE ANY QUESTIONS ABOUT THIS APPLICATION E-MAIL THEM TO:

fallon@offshoreliftboats.com



OFFSHORE LIFTBOATS, LLC APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, pregnancy, marital or veteran status, or any other legally protected status.

NAME IN FULL: (first, middle, last)	SOCIAL SECURITY NUMBER:
Date: _____ POSITION DESIRED: _____	*DATE OF BIRTH: _____
CURRENT ADDRESS: _____	*age, sex, color, national origin, and religion are not factors in making employment decisions.
CITY: _____ STATE: _____ ZIP: _____	
PREVIOUS ADDRESS: _____	PHONE NUMBER: ()
CITY: _____ STATE: _____ ZIP: _____	ALTERNATE PHONE NUMBER: ()
EMERGENCY CONTACT:	
NAME: _____ PHONE NUMBER: _____	
DRIVERS LICENSE NUMBER: _____ STATE: _____	TYPE: (please check one) <input type="checkbox"/> Operator <input type="checkbox"/> Commercial Operator <input type="checkbox"/> Class
DO YOU HAVE ANY RESTRICTIONS ON YOUR LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN _____	
VEHICLE LICENSE PLATE NUMBER: _____ YEAR: _____	
MAKE: _____ MODEL: _____	

CIRCLE ONE

Have you ever filed an application with us before? If yes give the date: _____	YES	NO
Have you ever been employed with us before? If yes give the date: _____	YES	NO
Are you currently employed?	YES	NO
May we contact your present employer?	YES	NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Proof of citizenship or immigration will be required upon employment:	YES	NO
On what date would you be available for work?		
Are you available to work: Circle One Full-time Part-time Shift Work Temporary		
Are you currently on a "lay-off" status & subject to recall from another company?	YES	NO
Can you travel if the job requires it?	YES	NO
Have you ever been injured on the job and/or filed a workers compensation claim? If yes please explain: _____	YES	NO
Have you ever been arrested and/or convicted of a felony or misdemeanor? (Convictions will not necessarily disqualify an applicant from employment) Explain if yes: _____	YES	NO

COMPLETE EVEN IF RESUME IS ATTACHED

EXPERIENCE Give a complete record of all employment, including military, and reasons for periods unemployed during past 10 years. Start with most recent. If you have served in the armed forces attach a copy of your DD214. If you have been self-employed list up to five of your major clients.

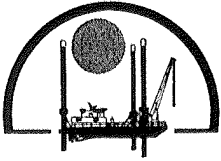
Present or Last Employment First		COMPANY'S NAME, ADDRESS, TELEPHONE NO. AND NAME OF LAST SUPERVISOR	LAST SALARY AND POSITION(S) HELD	CHECK ONE AND STATE REASON FOR LEAVING			INTERVIEWER NOTES
Month	Month			Ld. off	Dischg.	Resig.	
Year	Year	Company 1.	Salary \$ per				
		No. & Street Phone No.	Position				
		City, State, & Zip	Supervisor				
Year	Year	Company 1.	Salary \$ per				
		No. & Street Phone No.	Position				
		City, State, & Zip	Supervisor				
Year	Year	Company 1.	Salary \$ per				
		No. & Street Phone No.	Position				
		City, State, & Zip	Supervisor				
Year	Year	Company 1.	Salary \$ per				
		No. & Street Phone No.	Position				
		City, State, & Zip	Supervisor				
Year	Year	Company 1.	Salary \$ per				
		No. & Street Phone No.	Position				
		City, State, & Zip	Supervisor				
Year	Year	Company 1.	Salary \$ per				
		No. & Street Phone No.	Position				
		City, State, & Zip	Supervisor				

LIST ANY SPECIAL TRAINING:

HOBBIES:

DOT Release of Information Form – 49 CFR Part 40 Drug & Alcohol Testing

Section I: To be completed by the new employees, signed by the employee, and transmitted to:



Offshore Liftboats/Employers Resources, LLC
P.O. Box 61987
Lafayette, LA 70596
Via Fax 337-981-9305 or
1-800-989-1034

Employee Printed or Type Name: _____

Employee SS or ID Number: _____

I hereby authorize the release of information from my Department of Transportation (DOT) regulated drug & alcohol testing records by my previous employer(s), listed in below, to the employer and/or its agents listed above. This release is in accordance with DOT Regulation 49CFR Part 40, Section 40.25. I understand and agree to hold harmless my employer, its agents, and previous employer(s) that release the following DOT regulated information:

1. Verified positive drug test results.
2. Alcohol test results that reflect a result of 0.04 or higher alcohol concentration.
3. Records documenting a refusal to submit to required random, reasonable cause/suspicion, post-accident, or follow-up drug or alcohol testing and verified adulterated or substituted drug test results.
4. Records of any determinations that I engaged in alcohol misuse in violation of DOT regulations.
5. Records pertaining to any substance abuse professional evaluations conducted and rehabilitation undertaken by me following a violation of DOT regulations.

Employee Signature: _____ Date: _____

Previous Employers (use more than one form if an employee has had more than three DOT regulated employers in the past two years)

Previous Employer Name: _____ Designated Representative: _____ Phone Number: _____ Fax Number: _____
Previous Employer Name: _____ Designated Representative: _____ Phone Number: _____ Fax Number: _____
Previous Employer Name: _____ Designated Representative: _____ Phone Number: _____ Fax Number: _____

Section II: To be completed by the previous employer(s) and transmitted via fax to the new employer or its agent listed above in BOLD

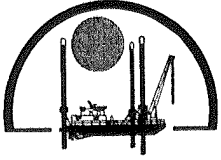
In the two years prior to the date of the employee's signature for DOT regulated testing:

- | | | |
|---|--------------------|----------|
| 1. Did the employee have alcohol test results with a result of 0.04 or higher? | YES _____ | NO _____ |
| 2. Did the employee have a 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 & alcohol testing? | YES _____ | NO _____ |
| 5. Did a previous employer report a drug & alcohol rule violation to you? | YES _____ | NO _____ |
| 6. If you answered "yes" to any of the above, did the employee complete the return-to-duty process? | NA _____ YES _____ | NO _____ |

Documentation must be attached for "yes" answers: Designated Representatives Signature: _____

Title: _____

Date: _____



**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT
(PLEASE PRINT OR TYPE)**

I, the undersigned consumer, do hereby authorize **EMPLOYERS RESOURCES, LLC** to procure a consumer report and/or investigative consumer report on me. I hereby declare that the answers to the questions on this application are correct and that any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by Offshore Liftboats, LLC.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications, personal references, personal interviews, my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **EMPLOYERS RESOURCES, LLC** if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same Offshore liftboats, LLC, by and through **EMPLOYERS RESOURCES, LLC** including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release and agree to hold harmless Offshore liftboats, LLC, **EMPLOYERS RESOURCES, LLC** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment will be terminated based on any false, omitted or fraudulent information.

Signature: _____

Printed Name: _____

Social Security _____ Daytime Phone _____ Gender* _____

Driver's License _____ State of Issuance _____ Date of Birth _____

Please provide your addresses for the last (7) years.

Current Address: _____
Street City State/Zip County Date From/To

Former Address: _____
Street City State/Zip County Date From/To

Former Address: _____
Street City State/Zip County Date From/To

Former Address: _____
Street City State/Zip County Date From/To

- Have you ever been arrested and/or convicted of a crime or convicted in a military court martial? Yes ___ No ___
- Have you ever been sanctioned or had your licenses suspended or revoked? Yes ___ No ___
- Are you currently under any investigation or pending charge? Yes ___ No ___

*This information will enable us to properly identify you in the event we find adverse information during the course of our background search.
© Employers Resources, LLC 2004-2005 TX-5-841-119

Authorization for release of information
PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

Offshore liftboats, LLC

I hereby declare that the answers to the questions on this application are correct and that any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by Offshore liftboats, LLC. I authorize Offshore liftboats, LLC and its agents to contact any of my previous employers as well as any reference source in order to verify the facts and information I have furnished regarding my qualifications and character. I hereby authorize any person(s) having knowledge thereof to provide such information to Offshore liftboats, LLC or its agents, and I hereby release from liability and agree to hold harmless any person that furnishes such information in good faith. I authorize Offshore liftboats, LLC and its agents to supply my employment record in whole or part and in confidence to any employer, insurance agency, or other party with a legal and proper interest, and I hereby release Offshore liftboats, LLC and its agents from any liability and agree to hold harmless any employee of Offshore liftboats, LLC or its agents who furnishes such information. I further understand that my employment is for no fixed time and just as I am free to resign at any time, Offshore liftboats, LLC reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no employee, officer or agent of Offshore liftboats, LLC may bind it by oral or printed statements, including handbooks, benefits books, or bulletins, contrary to the above.

I also declare that I am able to perform all essential functions of the position applied for in this application. I agree that I will submit to a physical, ability, urinalysis, and/or blood or other examination requested by Offshore liftboats, LLC at any time prior to or subsequent to my employment. I hereby release Offshore liftboats, LLC or its agents from any liability resulting from any of the tests listed above and grant Offshore liftboats, LLC full and free access to my medical records from previous employment and/or my personal physician.

Under the provision of the **Fair Credit Reporting Act**, 15 U.S.G. Sec. 1681 et seq. Notice is hereby given that a consumer report or investigative consumer report may be obtained which may include but not limited to: criminal history, civil history, motor vehicle report, work history, workers compensation history, educational history, information to your credit worthiness, character, general reputation, personal characteristics, and mode of living, which will be used for employment purposes. An investigation into your worker's compensation or industrial accident background may also be conducted.

You are further advised under said Act that any person who produces or causes to be prepared an investigative consumer report on any consumer, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection 1681 (d), shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later.

You are further advised that if you are denied employment, either wholly or in part, because of information contained in a consumer report as that term is defined in the **Fair Credit Reporting Act** that a disclosure will be made to you of the name and address of the consumer reporting agency making such report.

I have carefully read the information on this form, realize I have had the opportunity to ask questions about it, and understand what it means.

Date of Birth: _____

Drivers License No: _____

State of Issue: _____

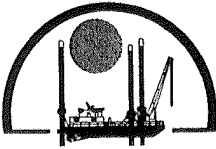
SIGNATURE OF APPLICANT

SOCIAL SECURITY NUMBER OF APPLICANT

DATE

EQUAL OPPORTUNITY EMPLOYER

LET THIS FORM AND/OR FAX OR COPY SERVE AS AN ORIGINAL



NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, and 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 timely written request of the Personnel Department of the Company, and within five 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.

Offshore Liftboats, LLC uses an employment entrance medical exam as part of its hiring process. Any offer of employment will be conditioned upon the individual passing the employment entrance exam. The employment entrance exam-medical exam will be administered after the offer of employment but before the performance of any job duties. If the person does not pass the employment entrance exam, the conditional offer of employment will be withdrawn and the conditional employment relationship shall cease. All medical information is considered confidential record by law. Any person requiring a reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualification to perform the duties of the job for which the applicant is applying should inform the Human Resources Manager at P.O. Box 398 Cut Off, LA 70345 or call (985) 632-3414

CONSENT TO OBTAINING CONSUMER REPORTS READ CAREFULLY BEFORE SIGNING

1. I have read the attached "Notice To Applicant/Employees Regarding Consumer Reports" and hereby authorize the company to obtain consumer reports and/or investigative reports as described.
2. 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 or other consumer reports that are made, including the name, address and telephone number of the consumer reporting agency.
3. 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, I 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 the above statements.

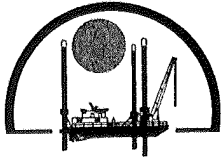
Name (print)

Date

Signature

Social Security Number

LET THIS FORM AND/OR FAX OR COPY SERVE AS AN ORIGINAL



DRUG FREE WORK PLACE

Offshore Liftboats, LLC is vitally concerned in the safety and health of its employees. It is the express policy of Offshore Liftboats, LLC that when its employees come to work, they are expected to be lucid, sober and prepared to perform, their job functions without endangering themselves or their coworkers because of drug or alcohol use on or off the job-site.

Any employees who are taking prescribed medication or non-prescribed drugs which may impair their ability to perform their job functions must immediately notify their supervisor. All employees are subject to drug and alcohol testing at any time, but especially after an accident. Any employee found to be using prescribed or over-the-counter drugs which may impair their performance without notifying their supervisor or found to be intoxicated will be subject to immediate termination.

WARNING: PURSUANT TO STATE LAW, ANY EMPLOYEES FOUND TO BE UNDER THE INFLUENCE OF ALCOHOL OR ANY NON-PRESCRIBED CONTROLLED DANGEROUS SUBSTANCES WILL BE SUBJECT TO IMMEDIATE TERMINATION AND MAY FORFEIT ANY RIGHTS THAT MAY HAVE OTHERWISE HAD TO WORKER'S AND UNEMPLOYMENT COMPENSATION.

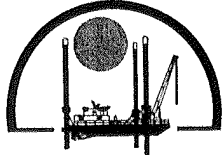
I have read and understood the paragraphs above.

EMPLOYEE NAME PLEASE PRINT

EMPLOYEE SOCIAL SECURITY NUMBER

EMPLOYEE SIGNATURE

DATE



**ACKNOWLEDGMENT
PRE-EMPLOYMENT DRUG SCREENING CONSENT**

I, (please print) _____, hereby voluntarily consent to the taking of a urine, breath, and/or blood sample to be used for drug screening. I also authorize and give full written permission to the doctor, clinic, hospital or its agents and associates to send this specimen to the laboratory for screening tests for the presence of Amphetamines, Barbiturates, Opiates, Methadone, Cocaine, Benzodiazepine, Propoxyphene, Cannabinoids, Phencyclidine, and Methaqualone and authorize these results to be given to Offshore Liftboats, LLC, its agents and/or employees, partners or associates.

I have been informed and understand I retain the express right to terminate the taking of the urine and/or blood samples at any time I so desire and to leave the room without further delay.

Furthermore I understand that I must pass the company's Pre-Screen and/or the DOT Drug Screen and failure to pass either one of these tests will result in refusal of employment.

I have been informed and understand that the result will be released to Offshore Liftboats, LLC solely for the purpose of consideration of employment, and such authorization will expire 60 days from the date on this form. I may also revoke this authorization at any time (except to the extent that action has been taken in reliance thereon).

EMPLOYEE NAME PLEASE PRINT

EMPLOYEE SOCIAL SECURITY NUMBER

EMPLOYEE SIGNATURE

DATE

LET THIS FORM AND/OR FAX OR COPY SERVE AS AN ORIGINAL

OFFSHORE LIFTBOATS, L.L.C.

Medical Exam & Drug Policy

In accordance with LSA R.S. 23:897, K., it is the stated policy of Offshore Liftboats, L.L.C.:

That an employee or an applicant who becomes an employee, and who voluntarily terminates the employment relationship sooner than ninety (90) working days after his first day of work or never reports to work, is obligated to reimburse the company for the costs of such employees or applicants pre-employment medical examination or drug test, provided the employee is compensated at a rate equivalent to, not less than one dollar above the existing federal minimum wage and is not a part-time or seasonal employee as defined in R.S. 23:1021, unless such termination is attributable to a substantial change made to the employment by the employer as applied in Louisiana Employment Security Law.

In accordance with LSA R.S. 23:634, B, and the terms of the above-stated policy, I hereby agree that the ~~costs of my pre-employment medical examination or drug test, an amount of \$255.00, may be withheld~~ from my wages if I voluntarily resign within ninety (90) working day from my first day of work.

Signature

Date

Witness

DISPUTE RESOLUTION AGREEMENT

I hereby agree that any and all disputes and matters whatsoever arising under, in connection with, or incident to my employment with this company, including claims for personal injury, workman's compensation, maintenance and cure, wages, claims under the Jones Act, claims under the General Maritime Law, claims alleging employment discrimination, and/or claims against third parties which might arise as a result of my employment with this company, shall be litigated if at all, in and before the United States District Court for the Eastern District of Louisiana or a court of proper jurisdiction and venue in the parish or county of my current residence, to the exclusion of the courts of any other state or any other country.

Signature

Date

Printed Name