

Phone: 985-693-5707  
 www.odysseamarine.com  
 hrdept@odysseamarine.com



11864 Hwy 308  
 Larose, LA 70373

**EMPLOYMENT APPLICATION**

To Applicant: You must personally complete the entire application and sign it for it to be considered. The Odyssea Marine, Inc. will keep your application in our active file for 30 days. If you wish to be considered for employment after that period of time, it will be necessary for you to complete and submit a new application.

The Company is an equal opportunity employer. All qualified applicants are considered for employment without regard to race, religion, national origin, gender, age, disability, or any other factor that applicable law prohibits from consideration in making a decision regarding employment.

NAME IN FULL (First, middle name, last)		Social Security Number:	DATE of APPLICATION:
Have you ever used another name and/or Social Security Number? If so, please explain:			
RESIDENCE ADDRESS: (Number & Street)		(City)	(State) (Zip)
EMAIL ADDRESS:			
PRIMARY TELEPHONE NUMBER: HOME or CELLULAR (_____) _____ circle one area code number		ALTERNATE TELEPHONE NUMBER: HOME or CELLULAR (_____) _____ circle one area code number	
EMERGENCY CONTACT NAME AND RELATION:		PHONE NO.	
Do you have a valid Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/> DL # _____ State of Issue: _____ Exp. Date: _____			
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If not a citizen, do you possess a valid visa or alien registration card permitting you to work in the U.S.A.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Visa or Alien Card Number: _____ Expiration date: _____			
POSITION APPLYING FOR:		HOW DID YOU HEAR ABOUT ODYSSEA MARINE, INC?	
DATE AVAILABLE	DESIRED PAY \$	Newspaper Ad <input type="checkbox"/> School <input type="checkbox"/> On my own <input type="checkbox"/>	
		Current Employee <input type="checkbox"/> Agency <input type="checkbox"/> Dept. of Labor <input type="checkbox"/>	
		(name of current employee _____)	
		Other: _____	

MMC Capacity (i.e. Master, Mate, etc.): \_\_\_\_\_ MMC Document #: \_\_\_\_\_

MMC Issue Date: \_\_\_\_\_ MMC Expiration Date: \_\_\_\_\_ FCC Lic. Type: \_\_\_\_\_

Passport #: \_\_\_\_\_ Passport Renew Date: \_\_\_\_\_ FCC Lic. #: \_\_\_\_\_

**MARINE CERTIFICATIONS, CREDENTIALS & TRAINING**  
 (check all up-to-date & valid credentials that you hold)

<input type="checkbox"/>	VSO (MMC Endorsement)	<input type="checkbox"/>	DP Certificate	<input type="checkbox"/>	Radar	<input type="checkbox"/>	TWIC	<input type="checkbox"/>	PEC/SafeGulf
<input type="checkbox"/>	VP DSD (MMC Endorsement)	<input type="checkbox"/>	DP Intro Training	<input type="checkbox"/>	ARPA	<input type="checkbox"/>	Medical Certificate	<input type="checkbox"/>	First Aid CPR
<input type="checkbox"/>	Oceans Endorsement	<input type="checkbox"/>	DP Advanced Training	<input type="checkbox"/>	ECDIS	<input type="checkbox"/>	GMDSS	<input type="checkbox"/>	Life Boatman

**Important! List information requested on your last four (4) employers starting with the most recent.  
Please, DO NOT write "See Resume"**

Company:	Address:	Job Title:	Date Started:	Date Ended:
Phone No.		Supervisor:	Reason for leaving:	
		Pay Rate:		
Company:	Address:	Title:	Date Started:	Date Ended:
Phone No.		Supervisor:	Reason for leaving:	
		Pay Rate:		
Company:	Address:	Job Title:	Date Started:	Date Ended:
Phone No.		Supervisor:	Reason for leaving:	
		Pay Rate:		
Company:	Address:	Job Title:	Date Started:	Date Ended:
Phone No.		Supervisor:	Reason for leaving:	
		Pay Rate:		

**If you are currently employed, may we contact your employer? YES or NO**

EDUCATION	Years Attended	Major	Did you graduate?	Area of Study
High School:	N/A	N/A		N/A
College:				
Vocational:				
Other: (GED, etc.)				

<b>MILITARY SERVICE (Please Provide Copy of DD214)</b>		
BRANCH:	DATES OF SERVICE:	FINAL RANK/DISCHARGE STATUS:

Have you previously applied for employment here? Yes  No  If yes, when? \_\_\_\_\_

Have you previously been employed by this Company or any of its subsidiaries? Yes  No  If yes, when \_\_\_\_\_

Any relatives or friends employed by Odyssea Marine, Inc.? Yes  No  Who? \_\_\_\_\_

If you receive an official offer of employment, you will be required to submit to a drug screen.  Place your initials in box for acknowledgement.

Have you ever been convicted of a Felony? \_\_\_\_\_ If so, please explain below:

Conviction Date: \_\_\_\_\_ State Where Convicted: \_\_\_\_\_ Convicted of: \_\_\_\_\_

Further Explanation: \_\_\_\_\_

Do you have any current felony charges against you: \_\_\_\_\_ If so, Please explain: \_\_\_\_\_

Further Explanation: \_\_\_\_\_

**PLEASE READ THE FOLLOWING TERMS AND CONDITIONS OF YOUR APPLICATION FOR EMPLOYMENT CAREFULLY AND, WHEN COMPLETE, AFFIX YOUR SIGNATURE AND DATE IN THE SPACE PROVIDED BELOW.**

I understand that, if I am offered and accept employment with Odyssea Marine (the Company), my employment will be subject to all of the policies and procedures and terms and conditions of employment in effect at the Company, at the time for the position in which I am hired and any subsequent position I may hold. I understand that nothing in this Employment Application is intended to create or creates an express or implied contract of employment or a guarantee of employment for any specific duration or period of time. I understand that, if I am offered and accept employment with the Company, such employment will be at-will and will be voluntary on my part and the part of my employer, and that either party can terminate the employment relationship with or without notice or cause at any time.

I also understand that the Immigration Control and Reform Act requires me to prove my eligibility to work in the United States and that my failure to provide the required proof will result in the rejection of my application, withdrawal of any offer of employment that may be extended, or immediate dismissal if I become employed.

I understand that the Company may contact individuals or organizations that I have provided as reference. I release from liability all individuals, employers, companies, corporations, and organizations who provide information in conjunction with verification of this employment application. I further hereby authorize and direct each employer, and source of information to answer any and all questions regarding my prior employment and background.

I understand any offer of employment is contingent upon completion of a medical examination and satisfactory results from a drug screen.

**NOTICE:** The Company has a policy prohibiting the possession, distribution, use, consumption or being under the influence of alcohol or illegal or unauthorized drugs (synthetics, designers, etc.) and other harmful substances in order to provide a safe and healthful environment for the firm's employees, visitors and other personnel. You will be dropped from consideration of employment with the Company if the results of your urine drug screen indicate that you are applying for a job while you are using any of the above-mentioned illegal or unauthorized substances. The United States Coast Guard will be notified of all personnel holding USCG credential who test positive in the drug screen!

I understand that any misrepresentation or omission of fact on this application may result in the rejection of my application, withdrawal of any offer of employment that may be extended, or immediate dismissal if I become employed. I also understand that my completion of this Employment Application does not indicate that any position is available or promised, or otherwise obligates the Company to offer me any position that might be or become available. By my signature on the date below, I hereby certify that

I have read and understood the terms/conditions of my employment application. The information provided is complete and accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**-----**  
**CONSENT TO OBTAINING CONSUMER REPORTS READ CAREFULLY BEFORE SIGNING**

1.) I have read the posted "Notice To Applicants/Employees Regarding Consumer Reports" and hereby authorize the Company to obtain consumer reports and/or investigative consumer 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 understand that the Company may periodically conduct additional background checks. I agree to immediately inform the Company of any conviction for a criminal offence arising subsequent to completion of the initial background check. I understand that failing to update the Company of a new conviction may result in being removed from the jobsites of clients that require background checks.

4.) I understand and agree that the Company may, at times, share my background results with its clients and third party representatives of its clients that require background checks.

5.) 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, in 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 OF THE ABOVE STATEMENTS.**

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

# Odyssey Marine, Inc.

## **VOLUNTARY INFORMATION ONLY**

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this employee data survey. Providing this information is **STRICTLY VOLUNTARY**. Refusal to provide requested information will not result in adverse treatment. This document will be filed separately from your employment application. Information will be kept confidential, except that managers, supervisors, first aid and safety personnel may be provided appropriate information regarding handicapped persons and disabled veterans whose conditions might require accommodation and/or emergency treatment. Your cooperation is appreciated.

Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender:  Female  
 Male

Veteran Status:  Vietnam-Era  
 Disabled  
 Special Disabled  
 Other Protected Veteran  
 Newly Separated Veteran

Ethnic Background/National Origin:

- Caucasian (Not Of Hispanic Origin)
- Hispanic or Latino
- Asian American
- Native Hawaiian or Pacific Islander
- African American
- American Indian or Native Alaskan

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Do you require any accommodation to complete any of the pre-employment requirements, such as employment application or interview arrangements?

Yes  No

If yes, what accommodations do you need? \_\_\_\_\_

\_\_\_\_\_

# Odyssea Marine, Inc.

11864 Hwy 308  
Larose, LA 70373  
Phone: 985-693-5707  
Fax: 985-693-5695

## This Portion Completed By Applicant

I, \_\_\_\_\_  
(Print Name) (Social Security #)  
hereby authorize Odyssea Marine, Inc. to request from my previous employer(s) to release and forward information concerning my alcohol and controlled substance testing records in accordance with 49 CFR Part 40.25. This authorization is for DOT regulated employers during the two years before the date of this application.

Within the past two years, have you tested positive, or refused to test on any pre-employment or other DOT drug or alcohol test? Yes  No

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

---

## This Portion Completed by Previous Employer (to be submitted by Odyssea) (DOT Drug and Alcohol Test Only)

1. Has the person named above ever refused a drug test or ever tested positive for controlled substance in the past two years? Yes  No
2. Has the person named above ever refused an alcohol test or ever had an alcohol test with a breath alcohol concentration 0.04 or greater ion the last two years? Yes  No
3. Has the person named above ever refused a required test for drug or alcohol in the last two years? Yes  No
4. Has a previous employer ever reported drug or alcohol violations for the person named above in the last two years? Yes  No

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number.

Completed By: \_\_\_\_\_  
(Print Name) (Sign Name)

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_