



## **Employment Application**

Dear Applicant:

Thank you for your interest in Quality First Marine, please complete ALL of the enclosed new applicant forms and return to the personnel department of Quality First Marine as soon as possible.

Please include a copy of the following:

**United States Coast Guard License, including any & all endorsements:**

**Radar Training**

**STCW Certification and or any other endorsements**

The new applicant forms include the following:

**Application for Employment**

**Employment History Form**

**Copies of requested documents (listed above)**

**Return Completed Application To:**

**Quality First Marine**

**1254 N. Columbia Street**

**Covington, LA 70433**

**or Fax to: (985) 888-6152 (please call before faxing)**

If you have any questions, please do not hesitate to call me. I look forward to hearing from you soon.

**Thank you,**

**Christina Couvillion**

**Quality First Marine**

**EMPLOYMENT APPLICATION**  
**Quality First Marine**

**NOTE:** All qualified applicants will receive consideration without discrimination because of sex, race, age, creed, national origin or the presence of disabilities. Additional testing of job related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the Company. In the event that you have a disability that will affect your ability to take the test, you must inform the Company prior to the administration of the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation. After four months, future consideration will depend on reapplication.

**PERSONAL**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long have you been a resident of this state or city? \_\_\_\_\_ Are you 18 or older? Y / N

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Best time to reach you? \_\_\_\_\_

Have you ever applied to Quality First Marine? Yes / No If yes, Month \_\_\_\_\_ Year \_\_\_\_\_

Are you available for Full Time Employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, when can you work? \_\_\_\_\_

Will you work overtime if asked? Yes \_\_\_\_\_ No \_\_\_\_\_ When are you able to begin work? \_\_\_\_\_

What Position are you applying for? \_\_\_\_\_ Expected Pay \_\_\_\_\_

What other positions are you interested in? \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been subjected to a random drug screening in the past 6 months? Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Did you ever serve on the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch: \_\_\_\_\_

Describe any training you received in the U.S. Armed Forces that is relevant to the position for which you are applying: \_\_\_\_\_

**Were you referred to Quality First Marine? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, by whom:** \_\_\_\_\_

Do you have any friends or relatives working for Quality First Marine? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**FOR COMPANY USE ONLY**

Interviewed By: \_\_\_\_\_ Date Hired \_\_\_\_\_ Vessel \_\_\_\_\_

Position: \_\_\_\_\_ Starting Rate: \_\_\_\_\_

Comments: \_\_\_\_\_

---

---

**EMPLOYMENT APPLICATION**  
**Quality First Marine**  
**Disclosure and Release of Information Authorization**

I authorize Quality First Construction LLC dba Quality First Marine to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, law enforcement agencies of the federal, state (including criminal background check), and or county level, or individuals, relating to my past activities, to supply any and all information concerning my background. Further, I hereby release all of those entities from any liability resulting in providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, accidents and personal injury, personal history, driving history, criminal records, and information related to my participation in, and results of, any drug testing conducted pursuant to Title 46 C.F.R. I understand that a consumer report may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the reporting agency. I understand that proper identification will be required and that I should direct my request to the reporting agency that provided the report.

---

Applicant Signature

**NOTE:** The following information is provided VOLUNTARILY and IS NOT considered as part of your application for employment. It is used only for Identification purposes in verifying information on your Employment Application.

---

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Drivers License Number		State Of License	

List any cities and states in which you have lived in during the past 7 years:

---

List any LAST NAMES you have used during the past 7 years:

---

List any other last names under which you received your GED, HS Diploma, or any other degree:

---

I hereby certify that all the statements and answers set forth during the application process to Quality First Marine, both orally and in writing, including but not limited to the application form and/or my resume, are true and complete to the best of my knowledge. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I further understand and acknowledge that should I be hired, my employment is "at-will" meaning employment may be terminated at any time for any reason, with or without cause. This means that I may be discharged at the will of management and, similarly, I may resign at my will at any time. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand that prior to employment Quality First Marine will require, and initially pay for, a complete physical and functional capacity test (FCT). I understand that I am under no duty to reimburse Quality First Marine for these costs: 1.) if I fail to pass either physical or FCT, or 2.) I pass both tests and am continuously employed by Quality First Marine for a period of 180 days from the date of my hire. If, however, I am employed by Quality First Marine and I voluntarily terminate my employment, or if my employment is terminated for misconduct or poor performance, prior to the 180<sup>th</sup> day from date of hire, I will be required to reimburse Quality First Marine for all costs associated with the physical and FCT, and those costs may be withheld by Quality First Marine from my wages or any other amounts to which I may be entitled from Quality First Marine.

***A photocopy of this authorization shall be accepted with the same authority as the original***

Applicant Signature (required)

DATE

**EMPLOYMENT APPLICATION**  
**Quality First Marine**

**EMPLOYMENT HISTORY**

Starting with your most recent employer, list any employers you've been employed with in the past 10 years

**Use additional paper to report additional employers, if any**

**PLEASE PROVIDE ACCURATE, COMPLETE FULL AND PART TIME EMPLOYMENT RECORD**

**If currently employed: My current employer may be contacted \_\_\_ YES \_\_\_ NO**

**COMPANY NAME:** \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Starting Pay \_\_\_\_\_ Finishing Pay \_\_\_\_\_  
Job Title and Duties Performed, Skills Used or Learned, Advancements/Promotions Received: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Starting Pay \_\_\_\_\_ Finishing Pay \_\_\_\_\_  
Job Title and Duties Performed, Skills Used or Learned, Advancements/Promotions Received: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Starting Pay \_\_\_\_\_ Finishing Pay \_\_\_\_\_  
Job Title and Duties Performed, Skills Used or Learned, Advancements/Promotions Received: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Starting Pay \_\_\_\_\_ Finishing Pay \_\_\_\_\_  
Job Title and Duties Performed, Skills Used or Learned, Advancements/Promotions Received: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Starting Pay \_\_\_\_\_ Finishing Pay \_\_\_\_\_  
Job Title and Duties Performed, Skills Used or Learned, Advancements/Promotions Received: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisors Name \_\_\_\_\_ Starting Pay \_\_\_\_\_ Finishing Pay \_\_\_\_\_  
Job Title and Duties Performed, Skills Used or Learned, Advancements/Promotions Received: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_ Did you graduate? \_\_\_\_\_  
Trade / Technical School / College: \_\_\_\_\_ Type of Diploma \_\_\_\_\_

Coast Guard License: \_\_\_\_\_ Endorsement: \_\_\_\_\_  
Special Training or Skills: \_\_\_\_\_