



## **Odyssea Marine Employment Application For the OSV (Offshore Supply Vessel) Division**

Dear Applicant,

Thank you for your interest in applying for an offshore position at Odyssea Marine. You will find the full application following this cover page. After completely filling out the application, please print and mail it to the address on the top of the first page of the application.

\*\*\*Please be sure that your contact information is accurate in the event we wish to get in touch with you.

Please note that along with the application, you are required to mail in a copy of your **Driver's License, Social Security Card, & TWIC Card**, and if applicable, mail in a copy of your **Resident/Alien Card and/or Passport**.

Also, please send in copies of any **U.S. Coast Guard Documents and Training Certificates** you may have (front & back please).

We thank you again for your interest in Odyssea Marine.

Regards,

Human Resources Department  
Odyssea Marine, Inc.

Phone: 985-693-5707  
 Fax: 985-693-5695



Mail to: P.O. 1471  
 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? 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: _____	
DATE AVAILABLE	DESIRED PAY \$		

USCG License Type: \_\_\_\_\_ USCG License #: \_\_\_\_\_ Date Issued \_\_\_\_\_ Issue Port: \_\_\_\_\_

Merchant Seaman Rating: \_\_\_\_\_ ID # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

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

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

___	Basic STCW	___	Advanced Firefighting	___	Life Boatman	___	Current First Aid	___	PEC/SafeGulf
___	BRM	___	ARPA	___	GMDSS	___	Radar Unlimited	___	Water Survival
___	VSO	___	Security Awareness	___	Rigger Training	___	Master of Towing	___	TWIC

**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?**

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

**MILITARY SERVICE**

BRANCH:	DATES OF SERVICE:	FINAL RANK/DISCHARGE STATUS:
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Have you previously applied for employment here? Yes  No  If yes, when? \_\_\_\_\_

Have you previously been employed by this Company or any of it's 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 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 and conditions of my application for employment and that the information I have provided is complete and accurate.

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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 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.**

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(Print name)

(Signature)

(Date)

# Odyssea 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                      Veteran Status:  Vietnam-Era  
                  Male     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.

13559 West Main St. / P.O. Box 1471  
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)

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## **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: \_\_\_\_\_