



## APPLICATION for EMPLOYMENT

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

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

Address: \_\_\_\_\_  
Street
City
State
County / Parish
Zip

Telephone: \_\_\_\_\_ Social Security # \_\_\_\_\_

- Type of employment desired:  Full Time  Part Time
- If you are under 18, can you furnish a work permit?  Yes  No
- Have you ever been employed by QCI Offshore Marine, LLC?  Yes  No
- Are you legally eligible for employment in this country?  Yes  No  
*(Proof of U.S. citizenship or immigration status will be required upon employment.)*
- Are you able to meet the attendance requirements of the position?  Yes  No
- Have you been convicted of a felony in the last seven (7) years?  Yes  No  
*(Such a conviction may be relevant if job related, but does not bar you from employment)*

If yes, please explain:

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### Employment History

List your last two(2) employers, assignments, or volunteer activities, starting with the most recent, including military experience.

<b>From</b>	<b>To</b>	<b>Employer</b> _____	<b>Telephone</b> _____
<b>Job Title</b>	<b>Address</b>	<b>City</b>	<b>State</b>
<b>Immediate Supervisor (Name &amp; Title)</b>		<b>Summarize nature of work &amp; job responsibilities</b>	
<b>Reason for leaving</b>		<b>Hourly Rate / Salary</b>	
		Start \$	per
		Final\$	per

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<b>Reason for leaving</b>		<b>Hourly Rate / Salary</b>	
		Start \$	per
		Final\$	per

## APPLICATION for EMPLOYMENT

Please summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

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### Educational Background

Name & Location	Years Completed				Did You Graduate	Course of Study
High School	1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
College	1	2	3	4	Major or Degree	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other						

### Medical History

Do you now have, or have you ever had, any injuries or illnesses, which would hinder you from performing the activities involved in the job or occupation for which you are applying?

YES

NO

If you checked yes please explain:

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Have you ever been hospitalized?

YES

NO

If you checked yes please explain:

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Have you ever been hurt on the job?

YES

NO

If you checked yes please explain:

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