



# Harvey Gulf International Marine, LLC

**Corporate Office**  
 701 Poydras Street, Suite 3700  
 New Orleans, LA 70139  
 Tel: (504) 348-2466  
 Fax: (504) 348-8060

**Operations Office**  
 495 A.T. Gisclair Road  
 Port Fourchon, LA 70357  
 Tel: (504) 348-2466  
 Fax: (985) 475-6507

*An Equal Opportunity Employer*

## Employment Application

*Please print clearly using black or blue ink*

Please let us know if you require reasonable accommodation during the application process.

### GENERAL INFORMATION

<b>Date</b>		<b>Social Security #</b>		<b>Are you at least 18 years old?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Full Legal Name</b>	(Last)	(Middle Initial)	(First)	<b>Home Phone</b>	( )
				<b>Cell Phone</b>	( )
<b>Mailing Address</b>				<b>Email Address</b>	
	(City)	(State)	(Zip)	<b>How were you referred to us?</b>	
<b>Preferred Compensation</b>	\$	<b>Position Desired</b>		<i>For Crew Members:</i> <b>Crew Rotation Desired</b>	
<b>Date Available to Start Work</b>		<i>For Shore-Based Employees:</i> <b>Indicate Desired Job Status</b>		<input type="checkbox"/> Full-time (40 hrs/week) <input type="checkbox"/> Part-time (Hours available: _____)	

### EDUCATION

	Name of Institution	City	State	Degree	Major/Specialty	Graduation Date (Mo/Yr)
<b>High School</b>						
<b>College</b>						
<b>Post Graduate</b>						
<b>Trade School</b>						

If you expect to complete an educational program in the near future, please indicate what type of degree or program and the expected completion date:

**EXPERIENCE** Starting with the most recent, describe all of your past job experiences. Highlight your knowledge, skills and abilities that best demonstrate your qualifications for this position. You must complete this section even if you are attaching a resume. (Use back of form, if additional space is needed.)

May we contact your present supervisor?  Yes  No

<b>1. Job Title</b>		<b>Start Date (Mo/Yr)</b>		<b>End Date (Mo/Yr)</b>	
<b>Employer</b>	<b>Duties/Experience</b>				
<b>Address</b>	<b>Phone: ( )</b>				
<b>City, State, Zip</b>	<b>Reason(s) For Leaving</b>				
<b>Immediate Supervisor</b>	<b>Starting Compensation</b>			<b>Ending Compensation</b>	
<b>2. Job Title</b>		<b>Start Date (Mo/Yr)</b>		<b>End Date (Mo/Yr)</b>	
<b>Employer</b>	<b>Duties/Experience</b>				
<b>Address</b>	<b>Phone: ( )</b>				
<b>City, State, Zip</b>	<b>Reason(s) For Leaving</b>				
<b>Immediate Supervisor</b>	<b>Starting Compensation</b>			<b>Ending Compensation</b>	
<b>3. Job Title</b>		<b>Start Date (Mo/Yr)</b>		<b>End Date (Mo/Yr)</b>	
<b>Employer</b>	<b>Duties/Experience</b>				
<b>Address</b>	<b>Phone: ( )</b>				
<b>City, State, Zip</b>	<b>Reason(s) For Leaving</b>				
<b>Immediate Supervisor</b>	<b>Starting Compensation</b>			<b>Ending Compensation</b>	
<b>4. Job Title</b>		<b>Start Date (Mo/Yr)</b>		<b>End Date (Mo/Yr)</b>	
<b>Employer</b>	<b>Duties/Experience</b>				
<b>Address</b>	<b>Phone: ( )</b>				
<b>City, State, Zip</b>	<b>Reason(s) For Leaving</b>				
<b>Immediate Supervisor</b>	<b>Starting Compensation</b>			<b>Ending Compensation</b>	
<b>5. Job Title</b>		<b>Start Date (Mo/Yr)</b>		<b>End Date (Mo/Yr)</b>	
<b>Employer</b>	<b>Duties/Experience</b>				
<b>Address</b>	<b>Phone: ( )</b>				
<b>City, State, Zip</b>	<b>Reason(s) For Leaving</b>				
<b>Immediate Supervisor</b>	<b>Starting Compensation</b>			<b>Ending Compensation</b>	

## ADDITIONAL INFORMATION

<b>Do you have a Driver's License?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If so, provide Driver's License Number:</b>	<b>State of Issue:</b>	<b>Expiration Date:</b>
<b>What is your means of transportation to work?</b>		
<b>Have you had any motor vehicle accidents or had your license suspended during the past five (5) years?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If so, how many occurrences? _____</b>		
<b>Have you had any moving violations during the past three (3) years?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If so, how many? _____</b>		

<b>Are you a veteran of the United States Military?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, did you receive an Honorable Discharge?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date Received</b>
<b>If hired, can you provide proof of your legal right to work in the United States?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you reviewed essential functions and duties of the job for which you are applying?</b> <i>(Please obtain them from Harvey Gulf's website or ask for a copy, if you do not have them.)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you able to perform the essential functions and duties of the job for which you are applying with or without reasonable accommodation?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you ever failed or refused a Drug or Alcohol Test job related or not?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If so, provide the date and entity that required the test:</b>		
<b>Have you <u>EVER</u> been convicted of any criminal offense? (including, but not limited to DUI, DWI, felony, or misdemeanor, whether expunged or not)</b> <i>(Conviction will not necessarily disqualify an applicant from employment. Each instance and explanation will be considered in relation to the position for which you are applying.)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>If yes, provide a complete explanation for each conviction.</b>  <b>Use the reverse side of page if additional space is needed.</b>	
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Have you ever been a party (either plaintiff or defendant) to a lawsuit or civil action?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, for each lawsuit provide the following. (Use back of form, if additional space is needed.)		
Parties to Lawsuit	Court or Parish/County Lawsuit was filed	Brief Explanation of Claims Asserted in Lawsuit

**INFORMATION SYSTEMS EXPERIENCE AND PROFICIENCY**

Please provide information concerning your experience and proficiency with the following:

1. Typing \_\_\_\_\_
2. Software
  - a. Word \_\_\_\_\_
  - b. Excel \_\_\_\_\_
  - c. Databases \_\_\_\_\_
  - d. Outlook \_\_\_\_\_
  - e. Office accounting/billing software \_\_\_\_\_
  - f. MapQuest or other navigation software \_\_\_\_\_
3. Other \_\_\_\_\_

**REFERENCES**

*Please list three people unrelated to you as references.*

<b>1. Name</b>	<b>Relationship &amp; Years Known</b>
<b>Address</b>	<b>City, State, Zip</b>
<b>Phone</b>	<b>Email</b>
<b>2. Name</b>	<b>Relationship &amp; Years Known</b>
<b>Address</b>	<b>City, State, Zip</b>
<b>Phone</b>	<b>Email</b>
<b>3. Name</b>	<b>Relationship &amp; Years Known</b>
<b>Address</b>	<b>City, State, Zip</b>
<b>Phone</b>	<b>Email</b>

**The following two pages are for Crew Member applicants to complete only. Shore-Based applicants skip to page 7.**

**MARINE EXPERIENCE, LICENSES, CERTIFICATIONS AND SKILLS**

Do you have a Transportation Worker Identification Credential (TWIC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a SafeGulf Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Merchant Mariners Credentials (MMC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate all of the following STCW Endorsements you currently have: GMDSS ARPA Bridge Resource Management Medical Care Provider VSO Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

**Provide information concerning your skills and proficiency in the following trades.**

**1. Mechanical:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Electrical:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Welding and/or Fitting:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Carpentry or Plumbing:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Other skills that you feel are relevant for the desired positions:**

\_\_\_\_\_

\_\_\_\_\_

**IDENTIFY EACH COAST GUARD LICENSE AND/OR  
MERCHANT MARINERS DOCUMENTATION YOU HOLD**

Exact Wording Including Endorsements and Notations	Amount of Seetime Currently Held	Tonnage Limitations	Date of Issuance	Place of issuance	Expiration Date

**Identify all other certifications, formal training, permits, and related endorsements you currently hold  
(e.g. D.P. Operator, Crane Operator, Rigger, Hazwopper, and/or confined space entry).**

Documentation or Certifications Received	Endorsements, Notations and Limitations	Name of Issuing Entity	Date of Issuance	Expiration Date

Have you had any accidents operating any vessel in the last five (5) years?  
If so, provide explanation for each occurrence:

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Have you had any suspension or revocation of a marine license you have held in the last five (5) years?  
If so, provide explanation for each occurrence:

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## AGREEMENT AND SIGNATURE

Please read carefully before signing.

I certify that all information in this application is accurate and complete to the best of my knowledge. I understand that providing misleading or false information is grounds for refusal to hire, withdrawal of an offer, or immediate termination of employment if I am hired. I authorize Harvey Gulf International Marine, LLC to verify any or all of the information listed in this application and consent to a credit, driving and/or criminal history background check. I also authorize Harvey Gulf to contact references, employers and/or educational institutions listed in this application. I release Harvey Gulf and its representatives from all claims damages and liability arising in connection with seeking, gathering and using such information and all other persons, corporations or organizations for releasing such information. I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Harvey Gulf creates an actual or implied contract of employment. I understand that, if an offer of employment is extended, it will be conditioned upon: 1.) my taking and passing a drug test; and 2.) my undergoing a medical examination and the examination not revealing any physical condition that prevents my performing the essential duties of the position offered to me with or without reasonable accommodation. I further understand that, if I accept employment with Harvey Gulf, my employment will be on an "at will" basis. This means that either Harvey Gulf or I have the right to terminate the employment relationship at any time, with or without notice, for any reason, with or without cause.

Signature		Date	
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Harvey Gulf is an equal employment opportunity employer in all areas of the employer/employee relationship, including initial hiring practices. Harvey Gulf makes employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, disability status, veteran status, or other classification protected by law. Your opportunity for employment with Harvey Gulf depends solely on your qualifications.