

Application for Employment



Triple S Marine, LLC
P.O. Box 3367 Morgan City, LA 70381
Phone: 985-384-9283 Fax: 985-384-8234

It is the policy of the company to provide equal opportunity with regard to all terms and condition of employment. It complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national or veteran status, age or any other protected characteristic.

Name _____

Address _____

City/State/ZIP _____

Social Security # _____ Date of Birth _____

Phone _____

Position applied for: (CHECK ONE) Captain License # _____ Mate Deckhand

For Captains only:

1. Do you have experience tow lining?

2. Do you have experience pushing two or more regulation barges (195' x 35')?

3. Do you get sea sick or have any problem working in rough conditions?

4. Please describe your towing experience?

Shift desired: Straight time Other _____

Special training or skills: (languages, machine operation, etc.) that would benefit you in the job for which you are applying:

Would you accept full-time work? Yes No Would you accept part-time work? Yes No

On what date would you be available for work? _____

Have you ever been employed here before? Yes No Dates _____

Do you have a legal right to be employed in the U.S.? Yes (If yes, proof is required.) No

Are you of legal age to work? Yes No

Educational Background

High School:
Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

College, Vocational, or other, training:
Name and location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____

Previous Employers and Addresses



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List the most recent employer first

1. Company Name _____ Phone (_____) _____
Contact Name _____
Address _____ Employed From _____ / _____ / _____ To _____ / _____ / _____
MONTH/ YEAR MONTH/ YEAR
Position _____ Reason for Leaving _____ Last Wage _____

3. Company Name _____ Phone (_____) _____
Contact Name _____
Address _____ Employed From _____ / _____ / _____ To _____ / _____ / _____
MONTH/ YEAR MONTH/ YEAR
Position _____ Reason for Leaving _____ Last Wage _____

5. Company Name _____ Phone (_____) _____
Contact Name _____
Address _____ Employed From _____ / _____ / _____ To _____ / _____ / _____
MONTH/ YEAR MONTH/ YEAR
Position _____ Reason for Leaving _____ Last Wage _____

7. Company Name _____ Phone (_____) _____
Contact Name _____
Address _____ Employed From _____ / _____ / _____ To _____ / _____ / _____
MONTH/ YEAR MONTH/ YEAR
Position _____ Reason for Leaving _____ Last Wage _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature _____

Date _____

This Application for Employment has been prepared for general use throughout the United States. Neither HR direct nor its counsel or advisors assume any responsibility for the inclusion in the Application for Employment of any questions which may violate local, State, or Federal laws. Users should consult their own legal counsel about any questions they may have concerning this form or its use.