



Offshore Specialty Fabricators, LLC

P.O. Box 1420 • Houma, LA 70361

(985) 868-1438 ext. 305 or 311 • FAX (985) 876-7866

You now can fill out our application on line. All you have to do is print out the form and fill it out completely. Please make sure to sign where needed. You may then either fax your application to the above fax number, email it to personnel@osf-llc.com , or you may mail it to our P.O. Box. If you qualify for one of our open positions we will contact you as soon as we can from the information you provide us.



OFFSHORE SPECIALTY FABRICATORS, LLC

115 Menard Road • P.O. Box 1420 Houma, LA 70361
Phone: 985-868-1438 • Fax: 985-876-7866

APPLICATION FOR EMPLOYMENT

This application will be considered active for only 60 days from the date of its completion. If you wish to be considered for employment after that time, you must submit a new application. The company considers each job application only for the specific position applied for as of the date submitted. If you wish to be considered for another position, you must separately apply for that position. Incomplete applications and applications containing information not specifically requested will not be considered. Failure to provide accurate and complete information is grounds for denial of employment and/or dismissal.

Date _____

PERSONAL

Name _____
(last) (first) (middle)

Current Address _____ Phone No. _____
City State Zip Code Other No. _____

Social Security #: _____

~Are you at least 18 years of age? Yes _____ No _____

~Have you ever been convicted of a crime(s) other than a minor traffic violation? (Convictions are not an automatic disqualification.) Yes _____ No _____ If yes, details (include dates, charges, and outcome):

GENERAL

Position Desired _____ Current Position _____

Wage or Salary Desired _____ Date Available for Work _____

If you are currently employed, may we contact your employer? _____

Have you previously worked for our Company? Yes _____ No _____. If yes, when? _____

Have you previously applied for employment with us? Yes _____ No _____. If yes, when? _____

List any relatives employed by our Company. _____

Referred by: _____

EDUCATION (Circle the highest grade completed)

	Name of School	Location	Degree
Grade School - 5 6 7 8	_____	_____	_____
High School 9 10 11 12	_____	_____	_____
College 1 2 3 4	_____	_____	_____
Graduate School 1 2 3 4	_____	_____	_____
Trade School 1 2 3 4	_____	_____	_____

MILITARY SERVICE

Branch _____ Date of Entry _____ Date of Discharge _____ Rank at Discharge _____

Was your discharge in connection with criminal charges? Yes _____ No _____. If yes, explain _____

EMPLOYMENT ELIGIBILITY STATUS

Are you lawfully eligible to be employed in the United States? Yes _____ No _____.

EMPLOYMENT HISTORY: List below all your previous employment. Begin with your most recent job and work back. If you have been self-employed, please give details such as name of the company, location and why business was discontinued.

Employer _____ Phone Number _____

Address _____ Reason for Leaving _____

Date Started ____ Date Left ____ Position _____ Final Rate of Pay _____

Description of Duties _____

Employer _____ Phone Number _____

Address _____ Reason for Leaving _____

Date Started ____ Date Left ____ Position _____ Final Rate of Pay _____

Description of Duties _____

Employer _____ Phone Number _____

Address _____ Reason for Leaving _____

Date Started ____ Date Left ____ Position _____ Final Rate of Pay _____

Description of Duties _____

~Have you ever been dismissed or asked to resign from a job for misconduct or unsatisfactory performance?

Yes ___ No _____. If yes, explain _____

~Have you ever been dismissed or asked to resign from a job for violation of company rules, policies or procedures?

Yes _____ No _____. If yes, explain _____

LICENSES/CERTIFICATIONS (please list & include date of issue and expiration)

REFERENCES

Please list three business, professional, or other related references who can personally attest to your work capabilities (do not include relatives or former employers).

Name	Address	Phone #	Occupation
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NOTIFICATION In the event of an emergency, notify the following persons:

Name	Address	Phone #
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER. All applicants are considered for employment without regard to race, color, sex, age (40 and over), religion, or national origin, disability, veteran or other protected status where otherwise qualified.

IMPORTANT: READ THIS CAREFULLY BEFORE SIGNING & DATING APPLICATION

ACKNOWLEDGMENT

I certify that the information provided by me on this application and any other documents submitted to the company is true, correct, and complete. I agree that any misstatement or omission made by me in this application or any other documents may result in denial of employment or be grounds for immediate dismissal if discovered after I am hired. Furthermore, I understand that offers of employment may be conditioned upon successful completion of a medical examination and/or drug or alcohol test. I understand that I am expected to provide complete and truthful medical information requested in connection with any required medical examination or drug or alcohol test. I agree that any misstatement or omission made by me in connection with a required medical examination or drug or alcohol test will be grounds for immediate withdrawal of my offer of employment or dismissal.

If employed, I agree to submit to a blood test or urinalysis in connection with administration of the company's substance abuse policies and procedures at any time in the future as requested and paid for by the company. I also agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere. I further understand and agree that if I voluntarily terminate employment within 90 days of hire, the company may seek reimbursement of costs associated with pre-employment medical examinations in accordance with applicable law.

If employed, I agree to read, understand and comply with all company policies, rules, regulations, and directives as may be established from time to time. I am willing to work all assigned overtime or other special work assignments as requested by the company. Since the company does not offer contracts of employment (unless signed by the company's President), I understand that nothing contained in this application form or any other company document, employee handbook or statement creates a contract between the company and me for either employment or the provision of any specific compensation or benefits, and I understand that company policies, rules, regulations, directives and benefits are subject to change by the company at any time. Because employment with the company is at-will, I understand that if I am employed, I will have the right to terminate my employment at any time, for any reason, or no reason, and likewise, the company will have that same right.

If hired, I assign all my rights in and to any invention, innovation, or development, whether patentable or not which I may make or conceive, either alone or with others, in the course of my employment with the company, or with the use of the company's time, material, confidential or proprietary information, or facilities relating to the company's operations, processes, services, or business.

I agree that any disputes between me and the company, its affiliates, officers, directors, employees or agents arising out of or related to my employment with the company, or the company's consideration of me for employment, will be submitted to binding, confidential arbitration in accordance with the rules and procedures established for such disputes by the American Arbitration Association (AAA). Arbitration will be held in New Orleans, Louisiana, or another location if agreed upon by the parties.

I understand that completion of this application does not mean a job opening exists and in no way obligates the company to employ me.

Signature of Applicant

Date

Offshore Specialty Fabricators, LLC

NOTICE TO POTENTIAL EMPLOYEES AND EMPLOYEES REGARDING CONSUMER REPORTS

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and continued employment with the company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the Personnel Department of the Company, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part of the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the law.

CONSENT TO OBTAIN CONSUMER REPORTS READ CAREFULLY BEFORE SIGNING

- 1) **I HAVE READ THE ATTACHED “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.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u at the Federal Trade Commission’s Web site ([HTTP://WWW.FTC.GOV](http://www.ftc.gov)). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- ***You must be told if information in your file has been used against you.*** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- ***You can find out what is in your file.*** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- ***You can dispute inaccurate information with the CRA.*** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- ***Inaccurate information must be corrected or deleted.*** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and

completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- ***You can dispute inaccurate items with the source of the information.*** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- ***Outdated information may not be reported.*** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- ***Access to your file is limited.*** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- ***Your consent is required for reports that are provided to employers, or reports that contain medical information.*** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- ***You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.*** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- ***You may seek damages from violators.*** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

<i>For Questions or Concerns Regarding</i>	<i>Please Contact</i>
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761

National banks, federal branches/agencies of foreign banks (word "National" or initials N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Div. Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Div. of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 202-720-7051

In addition, for questions regarding this CRA, you can contact:

PRETIEM
195 Clarksville Road
Princeton Junction, New Jersey 08550
Attn. Customer Affairs
1-800-745-2187



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VOLUNTARY DISCLOSURE FORM

To comply with federal equal employment opportunity and affirmative action laws, we must maintain accurate records of the race, ethnicity and sex/gender of applicants and employees. We ask that you complete this form to assist with our record-keeping obligations. Submission of this information is completely voluntary, and refusal to provide the information will not subject you to any adverse employment action, such as a refusal to hire, discipline or discharge.

1. Please check **one** box below to disclose the race or ethnic origin with which you **primarily** identify yourself:

- Hispanic / Latino
- African-American / Black
- Native Hawai'ian or other Pacific Islander
- Asian-American
- Native American / American Indian / Alaskan Native
- White / Caucasian
- Two or More Races or Other (describe _____)

2. What is your sex/gender?

- Female
- Male

Name (please print clearly)

Signature

Date