



SUBMAR, INC.

1711 Dunn Street • Houma, Louisiana 70360
 Phone: 985-868-0001 • Fax: 985-851-0108
 web: www.submar.com
 email: cstroud@submar.com

APPLICATION FOR EMPLOYMENT

**This application will be active and valid for 90 days only.
 A new application must be completed to maintain an active status.**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for:			Date of Application:		
How did you learn about us?					
Employee Referral _____		Want Ad _____		Walk-In _____	
Employment Agency _____		Relative _____		Other _____	
Last Name		First Name		Middle Name	
Address	Number	Street		City	State
					Zip Code
Telephone Number(s)					

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

If you are not 18 years of age, can you provide required proof your eligibility to work? Yes _____ No _____

Have you ever filed an application with us before? Yes _____ No _____
 If Yes, give date _____

Have you ever been employed with us before? Yes _____ No _____
 If Yes, give date _____

If Yes, who was your supervisor? _____ What was your job title? _____

Are you currently employed? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes _____ No _____
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time _____ Part Time _____ Shift Work _____ Temporary _____

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

If the answer is Yes, what is your recall date? _____

Have you been convicted of a felony or within the last five years a misdemeanor that resulted in imprisonment? Yes _____ No _____
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

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Education

	Name and Address of School	Course of Study	Years Completed	Diploma
Elementary School				
High School				
Trade, Business or Correspondence				
Other (Specify)				

Special Skills (Operator Qualification, Forklift, Rigger, Hazmat Certifications, other)	

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final
Reason for Leaving			

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If you need additional space, please continue on a separate sheet of paper.

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State any additional information you feel may be helpful to us in considering your application. Be prepared to supply proof of certification.

I understand and agree that I may be required to take one or more of the following as a condition of hiring or continued employment: Physical Examination Drug Screen I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes No

References

1	_____ (Name)	()	_____ (Phone #)
	_____ (Address)		
2	_____ (Name)	()	_____ (Phone #)
	_____ (Address)		
3	_____ (Name)	()	_____ (Phone #)
	_____ (Address)		

AUTHORIZATION

"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 it's 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."

DATE _____ SIGNATURE _____

FOR PERSONNEL DEPARTMENT USE ONLY

Employed Yes _____ No _____ Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

Remarks: _____