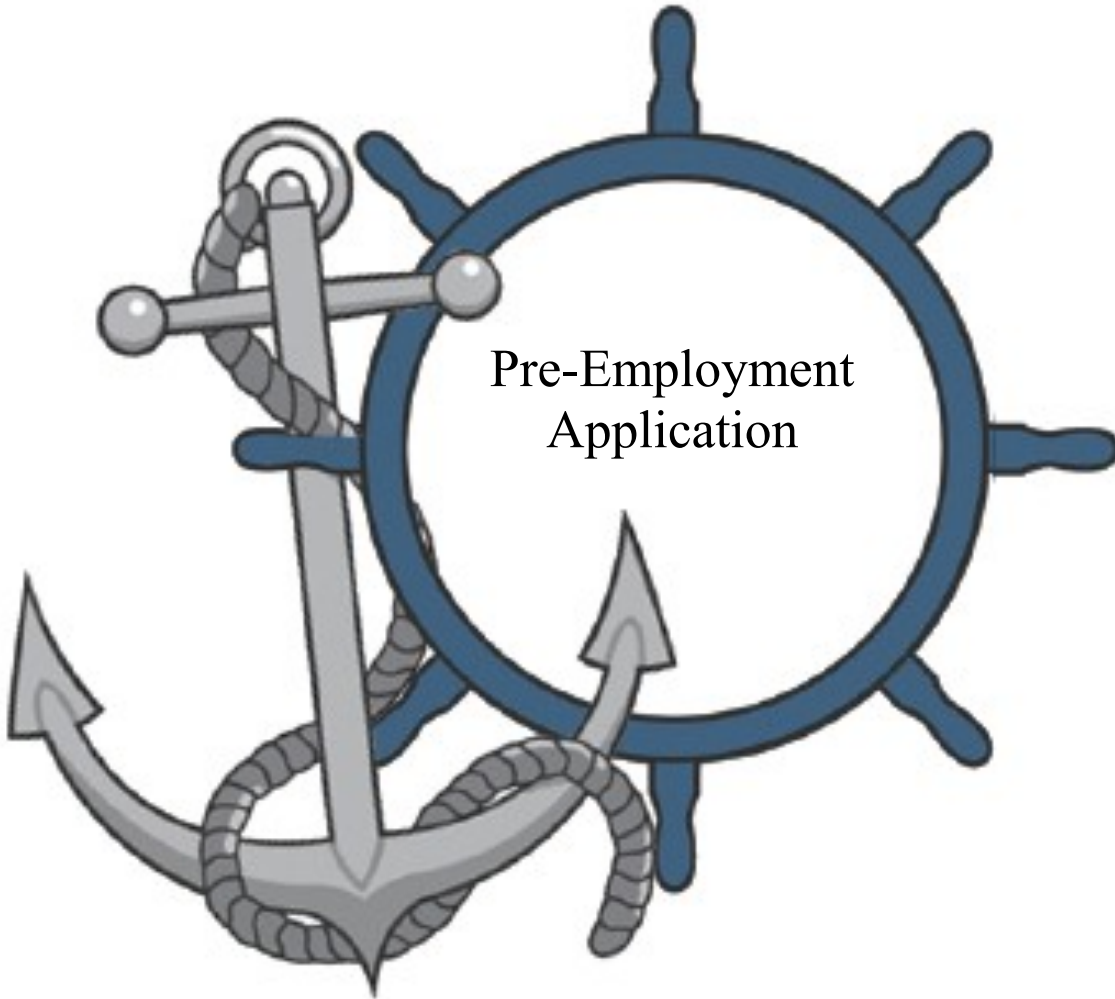




LA Carriers, LLC
P.O. Box 1626
752 Industrial Park Road
Larose, Louisiana 70373
Phone Number: 985-693-5858



Application For Employment
Equal Opportunity Employer

Application For Employment

Failure To Answer These Questions Truthfully May Result In Forfeiture of Worker's Compensation Benefits Under R.S. 23:1208.1

APPLICANT ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF APPLICATION

IT IS VERY IMPORTANT THAT YOU READ THIS SECTION CAREFULLY AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS, PLEASE ASK LA CARRIERS REPRESENTATIVE BEFORE YOU SIGN THIS APPLICATION.

In exchange for LA Carriers, LLC consideration of this employment application:

1. All information I have supplied in this application and other form, oral or written is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection and destruction of this application form, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. I make this promise because I understand that you will rely on my statements to you in making your decision whether to hire me.
2. I understand and agree that LA Carriers, LLC and any agent acting on their behalf, as well as, any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim or charge against them for disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.
3. I certify that LA Carriers, LLC has my permission to implement any screening procedures that the company deems necessary. I understand that all the information obtained from such screening procedures will be used in determining my qualification for employment.
4. I understand that I can request from LA Carriers, LLC a copy of LA Carriers, LLC employee handbook, and that if I so desire, I can review said handbook before I submit this employment application (In-house Viewing). I agree to abide by the terms and conditions of all LA Carriers, LLC rules and regulations, including without limitation: the requirements that any accident, or any injury, no matter how minor, be immediately reported to my supervisor.
5. In the event that I am employed by LA Carriers, LLC, I agree to abide by all of its policies, procedures, rules, and regulations, and agree not to disclose any confidential information regarding operating, trade secrets or personal information.
6. I understand that this form does not indicate there are positions open and does not in any way obligate LA Carriers, LL to applicant. I further understand that any such future employment is terminable by either part at will or without notice or cause. No person other than the president of LA Carriers, LLC may modify or amend the provisions stated herein.
7. I specifically authorize LA Carriers, LLC to investigate my background, including any and all reference available, criminal and other judicial records, and my credit record, where applicable to the position for which I am applying and consistent with applicable law. I understand that LA Carriers, LLC will notify me when a credit record investigation is performed, and the sources investigated. I authorized LA Carriers, LLC to use all legal means at its disposal to assess my suitability for employment. I make this authorization in return for LA Carriers, LLC consideration of me for employment, and I specifically release and hold LA Carriers, LLC harmless for any and all liabilities arising out of their investigation of my application for employment.
8. I understand and agree that work schedules and requirements may vary and be unpredictable, and that while LA Carriers, LLC will make reasonable efforts to accommodate work schedules and employee availability, I may be required to work overtime, weekends, different shifts, or other arrangements. I understand and agree to working up to 12 hours (either consecutive or otherwise) in a 24 hour period. I consent to these requirements as necessary and legitimate conditions of employment.
9. I hereby acknowledge that I have read and fully understand the above and hereby state that I will abide by any procedures and policies of LA Carriers, LLC, and any falsifications or misrepresentation on this application shall be cause for immediate dismissal.

Name (Please Print)

Date

Signature

- - - - -
Social Security Number
(Not Mandatory)

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Phone Number: 985-693-5858

Fax Number: 985-693-4386

Mailing Address
P.O. Box 1626
Larose, Louisiana 70373

Physical Address
752 Industrial Park Road
Larose, Louisiana 70373

Notice To Applicants: Do not leave any part of this application unanswered. Any information that is not answered will be questioned. LA Carriers, LLC keeps all applications on file and are considered current for 30 days. We offer equal employment opportunities to all persons without regard to race, religion, age, marital or veterans status, gender, national origin, disability or any other legally protected status.

PERSONAL INFORMATION

Date of Application _____

Last Name:	First Name:	Middle:	Are you 18 years or older ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:			
City:	State:	Zip Code	
Physical Address: (If different from Mailing Address)			
City:	State:	Zip Code	
Home Phone:	Cell Phone:	Other Number:	
Emergency Contact Name:		Relationship:	
Emergency Contact Number:			
Do you have a valid Driver's License ? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)			
Can you after employment, submit verification of your legal right to work in the United States ? /or/ Statement that such proof may be required after a decision is made to hire the candidate. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid TWIC ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid MMD (Z Card) ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Applying For: <input type="checkbox"/> Captain <input type="checkbox"/> Licensed Mate <input type="checkbox"/> Apprentice Mate <input type="checkbox"/> Deckhand <input type="checkbox"/> Other			
Work Location Preference: <input type="checkbox"/> Inland <input type="checkbox"/> Offshore <input type="checkbox"/> Other			
Expected Rate of Pay:		Date available to work:	
Have you ever applied with LA Carriers, LLC ? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, when)			
Have you ever worked LA Carriers, LLC ? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, when)			
Do you have any special circumstances that may prevent you from working all of your scheduled work, including extra hitches ? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) _____			

SPECIAL SKILLS AND QUALIFICATIONS

(Please check only those that apply to you. Please provide copies of documents, and training certifications)

- Captain's License (Tonnage) _____ Mate's License (Tonnage) _____
 Engineer License (Type of License) _____ Z-Card (Endorsements) _____
 GMDSS FCC Radio First Aid/CPR Basic Fire Fighting Water Survival Vessel Security Tankerman
 STCW 95 Personal Safety Rigger VSO Training Other

What else should we know about your qualifications for the job ? _____

Who referred you to LA Carriers, LLC ? How did you learn about us ?

- LA Carriers' Employee _____ Friend/Relative _____
 Newspaper _____ Magazine _____ Other _____

Education & Training

School Level	School Name & Location	Grade Completed	Year Completed	Diploma GED	Degree Acquired
Grade School					
High School					
College					
Other					

Have you ever served in the United States Military ? Yes No Branch _____

Rank/Rating _____ Separation Date _____ Type of Discharge _____

Have you ever been convicted of a crime other than a minor traffic offense? Yes No Type of Discharge _____

Date	Type of Conviction	Place Offense Occurred	Court	Current Status

Drug Testing

I understand that LA Carriers, LLC has in place a drug testing policy under which I will be required to submit a drug test as a condition of my employment, and, if employed, to submit to random drug tests as a condition of my continued employment. I give LA Carriers, LLC my full consent to do a drug screen and alcohol test in the event of an accident.

Signature _____ Date: _____

The following information needs to be filled out if this application has been completed by a person *other than the applicant*. I attest, under penalty of perjury, that I have assisted in the completion of this application and that to the best of my knowledge the information is true and correct.

 Preparer and/or Translator Signature Print Name Date

Address: _____

 City State Zip

Employment Background

List all jobs starting with your current/most recent employer. Please fill in all blanks completely. Do not leave gaps of employment. Please list all of your employment history regardless or not it is related to the marine industry. Any gaps of employment will be questioned.

May we contact your current employer? Yes No

1. Employer Name _____ Phone _____
City and State _____ Hire Date _____
Position _____ Release _____
Supervisor's Name _____ Starting Pay _____ Final Pay _____
Type of Work Performed _____

2. Employer Name _____ Phone _____
City and State _____ Hire Date _____
Position _____ Release _____
Supervisor's Name _____ Starting Pay _____ Final Pay _____
Type of Work Performed _____

3. Employer Name _____ Phone _____
City and State _____ Hire Date _____
Position _____ Release _____
Supervisor's Name _____ Starting Pay _____ Final Pay _____
Type of Work Performed _____

4. Employer Name _____ Phone _____
City and State _____ Hire Date _____
Position _____ Release _____
Supervisor's Name _____ Starting Pay _____ Final Pay _____
Type of Work Performed _____

5. Employer Name _____ Phone _____
City and State _____ Hire Date _____
Position _____ Release _____
Supervisor's Name _____ Starting Pay _____ Final Pay _____
Type of Work Performed _____

Please Explain Any Gaps of Employment

1. Date From _____ Date to _____
Reasons For Unemployment _____

2. Date from _____ Date to _____
Reason For Unemployment _____

MEDICAL EXAM & DRUG TEST POLICY

In accordance with **LSA R.S. 23.897, K.**, it is the stated policy of **LA Carriers, LLC** that an employee or an applicant who becomes an employee, and who voluntarily terminates the employment relationship sooner than ninety days after his first day of work or never reports to work, is obligated to reimburse the company for the costs of such employee's or applicant's pre-employment medical examination and/or drug test, provided the employee is compensated at a rate equivalent to not less than one dollar above the federal minimum wage and is not a part-time or seasonal employee as defined in **R.S. 23:1021**, unless such termination is attributable to a substantial change made to the employment by the employer as applied in Louisiana Employment Security Law.

If you fail to report to work for **2 days** without calling in, it will be assumed that you have abandoned your job.

In accordance with **LSA R.S. 23:634; B.** and the terms of the above-stated policy, I hereby agree that the costs of my pre-employment medical examination and/or drug test, not to exceed **\$365.00 (a tankerman's cost will not exceed \$680.00)** which will be withheld from my wages if I voluntarily resign within ninety days from my first day of work.

(Signature of Potential Employee)

(Date)

FOR OFFICE USE ONLY

Interviewed by: _____

Starting Date: _____ Preliminary Rate: _____

Vessel: _____ Position: _____

Other Comments: _____

**REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON
ALCOHOL AND CONTROLLED SUBSTANCES TESTING**

The purpose of this form is to notify that under DOT/USCG Drug and Alcohol Regulations 49 CFR, Part 40.25, we are required to request previous drug and alcohol testing records of all employees that perform safety-sensitive duties from former employers. Records needed for attainment include all testing in the previous two years from day of application or transfer. Information that must be obtained includes:

1. Alcohol test with a result of 0.04 or higher alcohol concentration
2. Verify positive drug tests
3. Refusals to be tested (including verified adulterated or substituted drug test results)
4. Other violations of DOT agency drug and alcohol testing regulations
5. With respect to any employee who violated a DOT drug and alcohol regulation, documentation of employee's successful completion of DOT return-to-work requirements.

In connection with this form, I, (Print Name) _____
authorize all corporations, former employers, and persons to release information they may have about me to **LA Carriers, LLC** or any of its representatives with which this form has been filed. This releases all corporations, former employers, and persons from all legal responsibility or liability that may arise from disclosure of the information set forth above relating to my file.

Within the past two years, have you tested positive, or refused to test, on any pre-employment DOT drug or alcohol test? Yes _____ No _____

Signature: _____ Date: _____

Social Security Number: _____ - _____ - _____

**TO BE COMPLETED BY PREVIOUS EMPLOYER
(DOT DRUG & ALCOHOL TESTS ONLY)**

Has this person named above ever tested positive for a controlled substance in the past two years?
Yes _____ No _____

Has this person named above ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years? Yes _____ No _____

Has this person named above ever refused a required test for drugs or alcohol in the last two years?
Yes _____ No _____

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address, and phone number.

Completed By: _____ Date: _____

Company: _____

REQUEST/CONSENT FOR EMPLOYMENT HISTORY VERIFICATION

The purpose of this form is to notify that under 46 CFR 138.200(b)(1) we are required to match up the qualifications and experience to the position the applicant is applying for. In order to complete the employment verification, Personnel Manager will contact the applicant's employers from the last seven years.

In connection with this form, I, (Print Name) _____ authorize all corporations, former employers, and persons to release information they may have about my Employment History to **LA Carriers, LLC** or any of its representatives with which this form has been filed. This releases all corporations, former employers, and persons from all legal responsibility or liability that may arise from disclosure of the information set forth above relating to my file.

Signature: _____ Date: _____

**TO BE COMPLETED BY PREVIOUS EMPLOYER
(EMPLOYMENT HISTORY VERIFICATION)**

Contact information will be taken from the Employment Background section. Verify the Employment Background section has a legitimate contact number and name of his/her supervisor.

Contact Number: _____ - _____ - _____ (Fax)

Supervisor: _____

What were the dates of employment ? From: ____/____/____

To: ____/____/____

What position was held by this person ? _____

Ending Salary or Day Rate ? _____

Why did this person leave ? _____

Would you rehire ? YES NO

Did applicant give proper two week notice ? YES NO

Were there issues related to this person's departure that would cause concern (i.e. violence, threats of violence, dishonesty, theft, etc.) If so, Please explain. _____

Additional Notes: _____

Completed By: _____ Title: _____

Company: _____

Inland/Offshore Employment Check List

Every potential employee must complete the check list below. Every question must be answered.

PLEASE CIRCLE THE ANSWER THAT PERTAINS TO YOU !

1. Which vessel you have more experience on ?
Answer: Utility, Supply, Crewboat, Tug or Other
2. Can you swim ?
Answer: Yes or No
3. Can you climb ladders ?
Answer: Yes or No
4. Do you get seasick ?
Answer: Yes or No
5. Do you get airsick ?
Answer: Yes or No
6. Are you familiar with Material Transfer Procedures ?
Answer: Yes or No
7. Are you capable of lifting 50 to 75 pounds frequently ?
Answer: Yes or No
8. Can you handle lines to moor vessel to docks ?
Answer: Yes or No
9. Can you tie vessel to vessel ?
Answer: Yes or No
10. Can you handle lines to moor vessel to rigs or platforms ?
Answer: Yes or No
11. Can you use a boat hook ?
Answer: Yes or No
12. Are you capable of swinging by a hand rope from vessel to platform and platform to vessel ?
Answer: Yes or No

13. Transfer by crane and basket by standing on outer rim of basket and grasping rope net ?

Answer: Yes or No

14. Can you lower lifeboats in case of emergency ?

Answer: Yes or No

15. Can you stand watch while underway ?

Answer: Yes or No

16. Can you open and close valves by hand ?

Answer: Yes or No

17. Can you load and unload cargo ?

Answer: Yes or No

18. Can you lubricate machinery and equipment ?

Answer: Yes or No

19. Can you use hand tools for maintenance ?

Answer: Yes or No

20. Can you use a paint brush and rollers ?

Answer: Yes or No

21. Can you clean using mops, brooms, brushes and fire hoses ?

Answer: Yes or No

22. Can you follow direct orders without supervision ?

Answer: Yes or No

23. Can you work the back deck ?

Answer: Yes or No

24. Do you have a knowledge of shackles ?

Answer: Yes or No

25. Do you have knowledge of rig moves ?

Answer: Yes or No

26. Do you have knowledge of anchors ?

Answer: Yes or No

27. Do you have knowledge of barges ?

Answer: Yes or No

Inland Push Boats, Tow Boats, and Tugs: All duties as offshore deckhand plus

28. How many barges have you handled ?

- Answer: 2
 4
 6
 8
 10
 12
 More _____

29. Do you have experiences with any of the following: Please check off:

- Answer: Winches
 Ratchets
 Cables
 Toothpicks
 Tie Wires
 Donuts
 Face Wires
 Steering Wires

30. Can you make or break a tow ?

- Answer: Yes or No