

**YELLOW FIN MARINE SERVICES, LLC**

EMPLOYMENT APPLICATION

|  |
| --- |
| **Applicant Acknowledgement of Terms and Conditions of Application:** It is very important that you read this section carefully, and that  you fully understand before you sign it. This section affects your legal rights. If you have any questions please ask a Yellow Fin Representative before you sign this application. |
| 1. I certify that all information I have supplied in this application and in any other form, oral or written, is true, complete and accurate. I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to (a) cancel further consideration of this application or (b) immediately discharge me from the employer's service, whenever it is discovered. 2. I expressly authorize, without reservation, Yellow Fin Marine Services, LLC, its representatives, employees, and/or agents to contact and obtain information from all references (personal and professional,) employers, and public agencies, licensing authorities, and educations institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' , or job interview. I also give permission for criminal/motor vehicle background checks. I hereby waive any and all rights and claims I may have regarding Yellow Fin Marine Services, LLC its representative, employees and/or agents for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me, but understand my right to privacy shall be respected and the inquires treated in confidence. 3. I understand Yellow Fin Marine Services, LLC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. 4. If I am hired, I understand that my employment will be at will. This means that I am free to resign at any time, with or without cause and without prior notice, and Yellow Fin Marine Services, LLC reserves the same right to terminate my employment at any time, with or without cause or prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid. 5. I understand Yellow Fin Marine Services, LLC maintains a drug-free workplace and agree that maintenance of same is essential to the safety of the workplace and employees. I promise to abide by the agency's policies prohibiting the use or possessions of drugs, alcohol or any controlled substance, or the misuse of prescribed or over-the-counter medication on agency premises or while on duty. I understand also that I may be tested for drugs, alcohol or controlled substances if I am employed by Yellow Fin Marine Services, LLC. 6. If I am hired, I agree to comply with and be bound by Yellow Fin Marine Services, LLC safety and health rules and regulations, rules of conduct, and any other rule or procedure set forth by my employer. 7. I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an 1-9 form in this regard. 8. I understand and agree that work schedules and requirements may vary and be unpredictable, while Yellow Fin Marine Services, 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. In consideration for a mariner’s position, 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.   **DO NOT SIGN BELOW UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT VERY CAREFULLY.**  I certify that I have read, fully understand, and accept all terms of the forgoing application statement. |
| **\*Signature \*Date** |

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | |
| Last Name       First       M.I.       Date | | | |
| Social Security Number       Are you 18 Years or Older | Yes  No |  |  |
| Mailing Address       Apartment/Unit # | | | |
| City       State       ZIP | | | |
| Home Phone       Cell Phone | | | |
| Emergency Contact Name       Emergency Contact Number | | | |
| Email Address | | | |
| Do Currently Have a Valid TWIC card  Yes  No Date of Expiration | | | |
| Do You Have a Valid Driver's License  Yes  No If no, please explain | | | |
| Driver's License Number       State of Issue       Date of Expiration | | | |
| Position Applied For: | | | |
| Captain Tonnage       Date of Expiration | | | |
| Deckhand  Engineer | | | |
|  | | | |
| Expected Pay Rate       Date Available       Desired Schedule  14 / 7 | 28 / 14 | Other |  |
| Have you ever worked for this company?  YES  NO  If so, when? | | | |

|  |  |  |
| --- | --- | --- |
| Are you a citizen of the United States?  (proof of eligibility will be required upon employment)  Yes  No | | |
| If no, do you possess a valid visa or alien registration card  permitting you to work in the United States  Yes  No | | |
| Alien Card Number | Expiration Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **EDUCATION &TRAINING** | | | |
| **School Level** | **School Name & Location** | **Year Completed** | **Degree Acquired** |
| **High School** |  |  |  |
| **College** |  |  |  |
| **Training** |  |  |  |
| **Other** |  |  |  |
| Additional Education, Training, and/or Certifications: | | | |
|  | | | |
|  | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CRIMINAL BACKGROUND** | | | | | | | | | |
| Have you ever been convicted of a felony? | YES  NO |  |  |  | If yes, explain | |  | | |
|  | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **SPECIAL CIRCUMSTANCES** | | | | | | | | | |
| Do you have any special circumstances that may prevent you from working all of your scheduled work, including extra hitches?  Yes  No | | | | | | | | | |
| If you answered yes, please explain: |  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **EMPLOYMENT HISTORY** List all jobs starting with your current or most recent employer. Fill in all blanks completely. List all of your employment history, even if it is not related to the Marine or Towing Industry. All gaps of employment will be questioned | | | | | | | | | |
| **Current or**  **Most Recent Employer** | | | | | Phone | |  |  | |
| Address | | | | | Supervisor | |  |  | |
| Job Title | | Starting Salary | | | | $       I Ending Salary | | | $ |
| Responsibilities | | | | | | | | | |
| Date of Hire       Date of Separation | | | | | | | | | |
| Reason for leaving | | | | | | | | | |
| **Past Employer (Company Name)** | | | | | Phone | |  |  | |
| Address | | | | | Supervisor | |  |  | |
| Job Title | | I Starting Salary | | | | $       j Ending Salary | | | $ |
| Responsibilities | | | | | | | | | |
| Date of Hire       Date of Separation | | | | | | | | | |
| Reason for leaving | | | | | | | | | |
| **Past Employer (Company y Name)** | | | | | Phone | |  |  | |
| Address | | | | | Supervisor | |  |  | |
| Job Title | | Starting Salary | | | | $       j Ending Salary | | | $ |
| Responsibilities | | | | | | | | | |
| Date of Hire       Date of Separation | | | | | | | | | |
| Reason for leaving | | | | | | | | | |

**EEO & VETERANS INFORMATION {VOLUNTARY)** In compliance with government regulations we are required to track the number of our applicants by Gender, Race/Ethnicity, Veteran Status and position for which applied. This information will be kept separately from your application and will be used only in accordance with federal and state regulations.

You are not required to provide this information. Your application for employment will be considered in the same manner whether or not you fill out this form.

**Gender:**

Male  Female

|  |  |  |
| --- | --- | --- |
| **Race** / **Ethnic Group:** | | |
|  | American Indian or Alaska Native | A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. |
|  | Asian | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia,  Pakistan, the Philippine Islands, Thailand, and Vietnam. |
|  | Black / African American | A person having origins in any of the black racial groups of Africa |
|  | Hispanic / Latino | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
|  | Native Hawaiian / Pacific Islander | A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
|  | White | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
|  | Two or more races | All persons who identify with more than one of the above five races. |
|  | other (Please Specify) |  |

|  |  |
| --- | --- |
| **Veteran Status:** | |
|  | Not a Veteran |
|  | Veteran |
|  | Disabled Veteran |
|  | Vietnam Era Veteran |

To Whom It May Concern:

**Past Employment Verification Form**

The applicant named below is being considered for employment with our company. The applicant has listed you or your organization as a former place of employment, accordance with the release signed by the applicant below, please provide the information requested and return this form to us via e-mail or fax. [E-mail to HR@yellowfinmarineservices.com or fax to 985-223-5184.](mailto:E-mailtoHR@yellowfinmarineservices.comorfaxto985-223-5184)

Very truly yours, Wendy Rulf

►

## Name of Applicant (Please print clearly and legibly)

►

## Social Security Number (Please print clearly and legibly)

Applicant's Authorization:

I hereby authorize the above individual, company, or institution to furnish Yellow Fin Marine Services, LLC with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including Yellow Fin Marine Services, LLC from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

►

**Signature of Applicant**

►

**Date**

**DISA, Inc. /Yellow Fin Marine Services, LLC Background Check Information**

Please read before completing ALL of the necessary Background forms. In order to properly process your application the third page of the job application must be filled out completely as **it** is utilized as part of the background. All forms need to be legible and filled out with the most information you have on hand: otherwise **it** can hold up processing the application. On the DOT release **fill** out the top portion of the form and sign and date it. There are three forms total for the background process not including the third page of the job application. Upon applying you need to send in copies of your DL and/ or State ID, MMD and Licenses if applicable, along with TWIC and all other certificates like Safegulf and Rigging. If you hold a valid passport, please send in a copy of that as well. Please email vs calling as you will get a quicker response at

[HR@yellowfinmarineservices.com.](mailto:HR@yellowfinmarineservices.com)

Thank you.

**DATE:**

**DISA, Inc.**

**From: Yellow Fin Marine Services, LLC HR Department**

Name:

Driver License #:

# ID Card/State#:

DOB:

SSN:

State:

State:

# exp.date:

# exp. date:

2043 Coteau Rd • Houma, LA 70364 Office (985) 223-5182 • Fax (985)223-5184

Website : [www.yellowfinmarineservices.com](http://www.yellowfinmarineservices.com) • [Email: HR@yellowfinmarineservices.com](mailto:Email:%20HR@yellowfinmarineservices.com)

REQUEST FOR DOT DRUG AND ALCOHOL TEST INFORMATION FROM PREIOUS EMPLOYER

PLEASE COMPLETE AND SUBMIT TO:

COMPANY: Yellow Fin Marine Services, LLC -2043 Coteau Rd. Houma, LA 70364- 985-223-5182- **FAX to: 985-223-5184**

ATTENTION: HRM/Crewing Department: *Wendy Rulf*

***(Name* of *individual requesting information)*** (Attn: Applicant- previous employer information must be filled in correctly and completely otherwise it can hold up the hiring process or even stop it.)

**APPLICANT NAME:**       **SSN:**       **Birthdate:**

I **hereby authorize:**

Company:       Phone:       Fax:       City & State:

Company:       Phone:       Fax:       City & State:

Company:       Phone:       Fax:       City & State:

*(Previous employer's name)* to release information from my Department of Transportation regulated drug and alcohol testing records to the individual and company listed at the top of this form, pursuant to 49 CFR 40.25. This is limited to the following DOT-regulated testing items: (1) Alcohol test with a result of 0.04 or higher; (2) Verified positive drug tests; (3) Refusals to be tested; (4) Other violations of DOT agency drug and alcohol testing regulation;

1. Information obtained from previous employers of a DOT drug and alcohol rule violation; and (6) Documentation, if any, of completion of the return-to­ duty process following a rule violation.

SIGN & DATE:

***(Signature of employee applicant)***

## \*APPLICANT DO NOT FILL OUT ANYTHING BELOW THIS STATEMENT\*

Previous employer must supply the following information regarding the above named individual during the past two years while employed to perform DOT covered safety sensitive functions: (3 years for FMCSA)·

Company Name:

YES NO

* 1. Alcohol tests with a result of 0.04 or higher alcohol concentration? \_\_\_\_\_\_\_\_
  2. Verified 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. **Did a previous employer report a drug or alcohol rule violation to you?** \_\_\_\_\_\_\_\_
  6. **If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? \_ \_ \_**

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of individual supplying Information)

If the answer to item #5 is "yes," then you must provide the previous employer's report even though it may be outside the two (three for FMCSA) year time period. If you answered "yes" to item #6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing records, etc.). If you referred the individual to a Substance Abu se Professional please supply the following information.

**NAME OF SAP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**PERSONNEL RECORD AUTHORIZATION**

Attention: Personnel Department

Re:

Date of Birth:

S.S.No.:

Dear Sir:

Please consider this my authorization for you to allow Yellow Fin Marine Services, LLC,

P.O. Box 1840, Gray, Louisiana 70359, and/or its authorized agents or representatives, to obtain copies of my entire personnel record, including my application for employment, the report of my pre-employment physical, reports of any and all personal injuries and medical reports, and payroll records which reflect the term of my employment with your organization and my gross earnings.

WE ASK THAT THESE RECORDS BE CERTIFIED

It is specifically understood and agreed that a photostatic copy of the original shall have the same force and effect as said original.

, this \_ \_

(CITY) (STATE)

- - - - - - - - ,20

\_ \_ day of

**AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION**

I hereby authorize

(medical provider or facility) to use or

disclose the following protected health information (PHI) from the medical records of the patient listed below.

REQUESTOR NAME: REQUESTOR ADDRESS:

**Yellow Fin Marine Services, LLC**

**P.O. Box 1840**

**Gray, Louisiana 70359**

PATIENT NAME:

PATIENT DOB:

PATIENT SOCIAL SECURITY NO.:

PATIENT ADDRESS:

Disclose the following PHI for treatment dates **ALL DATES.**

\_\_\_ Abstract/Pe1tinent

\_\_\_ History & Physical

Consultations

Discharge Summary \_\_\_

Operative Repo1t

\_\_\_\_ Progress Notes

Physician Orders

\_\_\_ Nurses Notes

ER Report

Lab \_\_\_ X-ray **X** Entire Records

**X** Other Specify: Any and all medical records of treatment at any time including, but not limited to, any emergency room records, hospital records, notes of doctors, nurses, or other medical care consultants, original interview notes, examination findings, charts, diagnostic tests, diagnostic studies, diagnostic records and/or rep01ts, discograms, myelograms, electromyograms. CAT scans, MRis. thermograms, tomography findings, x-rays and x-ray reports, opinion letters, surgical reports, laborato1y records , laboratory reports, laborato1y tests. pathology records or reports, pharmaceutical records, consent forms, admission and discharge forms and records, psychiatric or mental health records, therapy records or notes. any other writing of any kind related to treatment of patient, financial records showing charges and payments for services rendered you may have for treatment provided to the patient for any purpose and at any time.

The above information is disclosed for the following purposes:

\_Medical Care \_Legal \_ Insurance \_ Personal X,\_ Other

I acknowledge, and hereby consent to such, that the released information may contain alcohol and drug abuse, psychiatric, HIV or genetic information.

Patient/Legal Representative

Date

This authorization shall expire upon this expiration date: \_,\_ If I fail to specify an expiration date or event, this authorization will expire six months from the date on which it was signed.

I understand that I have the right to revoke this authorization at any time. I understand that I must do so in writing and present the written revocation to **Yellow Fin Marie Services, LLC.** I understand that the revocation will not apply to information that has already been released pursuant to this authorization.

The information used or disclosed pursuant to the authorization may be subject to re­ disclosure by Yellow Fin Marine Services, LLC or other recipients and is no longer protected. This authorization also allows Yellow Fin Marine Services, LLC to verbally discuss the patient's medical condition and treatment options with the medical care provider or facility and allows Yellow Fin Marine Services, LLC to obtain medical opinions concerning the patient from the medical care provider or facility.

I understand that:

1. I may refuse to sign this authorization and it is strictly voluntary.
2. My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.
3. I may revoke this authorization at any time in writing to the provider authorized to

release the protected health information, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.

1. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be disclosed.
2. I have the right to receive a copy of this form after I sign it.

I have read the above and authorize the disclosure of the protected health information as

stated.

Patient/Legal Representative Date

Witness Date

If signed by legal representative, relationship to patient: