

**MUCHOWICH  
OFFSHORE OIL SERVICES INC.  
P.O. BOX 1147  
FREEPORT, TEXAS 77542**



**Date of Application:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMPLOYMENT APPLICATION**

Offshore Oil Services, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, religion, age, sex, national origin, disability, veterans status or sexual orientation. In order to receive full consideration for employment opportunities, please fill in all spaces by typing or printing in ink. If any information is missing, your application may be rejected.

**Personal**

Last Name	First Name	Middle Name	Other name used in employment
Street address - Apt. no.		City	State      Zip Code
Telephone: Work (      )	Home (      )	Social Security No.	Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Authorization to Work**

It is the policy of Offshore Oil Services to hire only United States citizens and aliens lawfully authorized to work in the United States.

Are you a U.S. Citizen or are you an alien lawfully authorized to work in the United States?       Yes     No

**Position Desired**

For what position are you applying?		Are you seeking				
		Full time	Part time	Temporary		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Minimum wage or salary acceptable	Date available:	What hours can you work?				
\$		Any	Day	Evening	Night	Weekends
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Recruitment**

Who referred you to Offshore Oil Services, Inc.?

- Employee referral / Name of employee: \_\_\_\_\_
- Texas Workforce Commission
- Newspaper / What newspaper? \_\_\_\_\_
- Yellow pages
- Job Fair / Which one? \_\_\_\_\_
- Internet Posting
- Other / Please specify: \_\_\_\_\_
- Walk-in

Have you ever worked for Offshore Oil Services, Inc.?	Yes      No	Dates employed	Department	Supervisor
	<input type="checkbox"/> <input type="checkbox"/>	From:      To:		

Do you have any relatives working here?

- Yes    Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- No

**Community Record**

Have you ever been convicted of, pleaded guilty or no contest to, or received deferred adjudication for any felony or misdemeanor other than minor traffic or parking violations?

(An affirmative response will not automatically disqualify you from being considered as a candidate for employment.)

Yes     No

If yes, when? \_\_\_\_\_ where? \_\_\_\_\_

Type of offense? \_\_\_\_\_ Penalty assessed? \_\_\_\_\_

## Employment History

Begin with Present or Most Recent Employment--Complete Even if Resume Attached

<b>Employer</b>	Address	Telephone no. (     )
Job title	Supervisor's name	Starting salary      Ending salary
Dates employed From:                      To:	Reason for leaving	
Job Responsibilities		

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Job title	Supervisor's name	Starting salary      Ending salary
Dates employed From:                      To:	Reason for leaving	
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Dates employed From:                      To:	Reason for leaving	
Job Responsibilities		

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Job title	Supervisor's name	Starting salary      Ending salary
Dates employed From:                      To:	Reason for leaving	
Job Responsibilities		

## References

List 3 persons, not related, you have known at least 3 years:

Name	Employer / Phone #	Position/Occupation	Home Phone	Yrs Known

### Education and Training

High School / School Name		Received high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest grade completed?
Address		Received GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of GED completion:
Business or Technical / School Name		College or University / School Name	
Address:		Address:	
Dates Attended From: _____ To: _____	Completed Program <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates Attended From: _____ To: _____	Received degree ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Received certificate in?		Type of degree :	Major:

List safety training you have received: \_\_\_\_\_

List certifications you hold: \_\_\_\_\_

### This Section for Boat Applicants Only

Can you swim? \_\_\_\_\_ Have you ever worked overseas? \_\_\_\_\_ Where? \_\_\_\_\_ How long? \_\_\_\_\_

Have you ever failed to complete an employment contract? \_\_\_\_\_

If yes, why? \_\_\_\_\_

Do you have a USCG Merchant Mariners document? \_\_\_\_\_ Z# or BK# \_\_\_\_\_

Endorsed for: \_\_\_\_\_

What type of LICENSES do you now hold? (Indicate exact wording and provide numbers) \_\_\_\_\_

\_\_\_\_\_

How many months sea time on present license? \_\_\_\_\_ Where issued? \_\_\_\_\_

When? \_\_\_\_\_ Expiration date: \_\_\_\_\_

What other licenses or permits do you hold? (F.C.C., ETC.) \_\_\_\_\_

### Military service

Have you ever served in the U.S. Armed Forces? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Date discharged: \_\_\_\_\_ Type: \_\_\_\_\_

### Please Read The Following Paragraph Carefully

I hereby certify that the statements on this employment application are true and complete to the best of my knowledge. I understand that any false statements, omissions or misrepresentation of fact will result in the loss of eligibility for employment or if I am employed could be cause for immediate termination.

I further understand that **Offshore Oil Services, Inc.** or I may terminate employment at any time, regardless of my length of service, without cause or notice.

I authorize **Offshore Oil Services, Inc.(OOSI)** to inquire as to my work record of all former employers and to make any investigation of my personal history including conviction records, motor vehicle records, and consumer credit history where necessary. I hereby give my consent for all former employers to make available to **OOSI** such information as they may request. If accepted for employment, I understand and agree, that as a condition of employment I will be required to pass scheduled physical examinations, including drug testing. I further agree to observe all rules, regulations, and policies of **OOSI**.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant