



255 Terminal Lane
Franklin, LA 70538
337-924-7444

OCI, LLC

APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

This application is considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or disability

All information, MUST be COMPLETED IN FULL BEFORE YOUR APPLICATION IS CONSIDERED FOR EMPLOYMENT!!

PERSONAL INFORMATION:

First Name	Last Name	
Social Security Number:		
Driver's License No.:	State issued:	Exp Date:
Mailing Address:	Physical Address:	
Home Ph.	Cell Ph.	
Email Address (required)	Identifying scars or birthmarks:	
Color of Eyes:	Color of Hair:	
Height:	Weight:	

EMPLOYMENT DESIRED:

Position Applying for:	Salary Desired:
Are you currently employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date you can start:
If so, may we contact you current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Ever worked at this company before: YES <input type="checkbox"/> NO <input type="checkbox"/>	When:
Are you prevented for lawfully working in this country because of immigration status: YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATION HISTORY:

Name and location of school		Years Attended	Did you Graduate?	Subject Studied
Grammar School				
High School				
College				
Trade, Business, Correspondence School				

IN CASE OF AN EMERGENCY CONTACT:

1. Name	Number	Address	Relationship
2. Name	Number	Address	Relationship

CITIZENSHIP:

Marital Status:		Spouse's Name:	
US Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	Valid US Passport? YES <input type="checkbox"/> NO <input type="checkbox"/>	Passport #	
US Permanent Resident Alien? YES <input type="checkbox"/> NO <input type="checkbox"/>	Alien #		

JOB SCREENING:

Can you perform the essential functions of this job, per the attached job description?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If no, please explain:		
Do you have a letter from your former employer for our records: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Can you swim: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever worked offshore: YES <input type="checkbox"/> NO <input type="checkbox"/>		How long did you work offshore:
What Licenses do you currently hold:		Other:
Captain	Mate	Zcard
TWIC Card	No. _____	NONE
License #		Exp Date

Please allow us to make a copy of your driver's license, social security card, and any certificates or licenses that you may have.

Most Recent Employers:

Company	Address	Phone
Contact	Position	Salary
When Started	When Left	Reason for Leaving

Company	Address	Phone
Contact	Position	Salary
When Started	When Left	Reason for Leaving

Company	Address	Phone
Contact	Position	Salary
When Started	When Left	Reason for Leaving

**Please make sure you include at LEAST 5 Years of work history.

FOR HUMAN RESOURCES ONLY:

Contacting Previous Employers:

- 1. Verified YES NO Approved for Hire YES NO Filled out Paperwork YES NO
- 2. Verified YES NO Approved for Hire YES NO Filled out Paperwork YES NO
- 3. Verified YES NO Approved for Hire YES NO Filled out Paperwork YES NO

References: (MUST FILL OUT ALL THREE SECTIONS!!!)

Name	Address	Phone Number	Years Known

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THE ANSWERS TO THE QUESTIONS ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE OR MISLEADING STATEMENT HEREIN BY ME IS GROUNDS FOR IMMEDIATE DISMISSAL.

Print Name of Applicant Signature of Applicant Date

FOR HUMAN RESOURCES ONLY:

Fully Completed Application: YES/NO
 Background Check ID: _____ Date Completed: _____
 Physical Date: _____
 Drug Screen Complete: _____ DISA APPLICATION: YES/NO
 Offered Job: _____ Accepted Job: _____ Post-Offer Complete _____