



Employment Application Form

Applicant Information											
Full Name:						Date:					
<small>Last</small>		<small>First</small>			<small>M.I.</small>						
Address:											
<small>Street Address</small>							<small>Apartment/Unit #</small>				
<small>City</small>							<small>State</small>		<small>ZIP Code</small>		
Phone: ()				E-mail Address:							
Date Available:		Social Security No.:			Desired Salary:		\$				
Position Applied for:											
Are you a citizen of the United States?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?					
Have you ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>						
If yes, explain:											
Emergency Contact											
Full Name:											
<small>Last</small>		<small>First</small>			<small>M.I.</small>						
Phone: ()				Relationship							
Education											
High School:				Address:							
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
College:				Address:							
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
Other:				Address:							
From:		To:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
References											
<i>Please list three professional references.</i>											
Full Name:				Relationship:							
Company:				Phone: ()							
Address:											
Full Name:				Relationship:							
Company:				Phone: ()							
Address:											
Full Name:				Relationship:							
Company:				Phone: ()							
Address:											

Address:							
Previous Employment							
Company:						Phone: ()	
Address:						Fax: ()	
Job Title:		Starting Salary: \$		Ending Salary: \$		Supervisor:	
Responsibilities:							
From:	To:	Reason for Leaving:					
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company:						Phone: ()	
Address:						Fax: ()	
Job Title:		Starting Salary: \$		Ending Salary: \$		Supervisor:	
Responsibilities:							
From:	To:	Reason for Leaving:					
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company:						Phone: ()	
Address:						Fax: ()	
Job Title:		Starting Salary: \$		Ending Salary: \$		Supervisor:	
Responsibilities:							
From:	To:	Reason for Leaving:					
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company:						Phone: ()	
Address:						Fax: ()	
Job Title:		Starting Salary: \$		Ending Salary: \$		Supervisor:	
Responsibilities:							
From:	To:	Reason for Leaving:					
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Military Service							
Branch:						From:	
Rank at Discharge:						To:	
Type of Discharge:							
If other than honorable, explain:							
Disclaimer and Signature							
<p><i>I certify that my answers are true and complete to the best of my knowledge.</i></p> <p><i>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i></p>							
Signature:						Date:	



_____ 1st Attempt

_____ 2nd Attempt

_____ 3rd Attempt

AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON D.O.T DRUG AND ALCOHOL TESTING FORM

In accordance with 49 CFR part 40.25 I, _____ consent to the release of the information requested below regarding my DOT drug and alcohol tests.

Previous Employer: _____

Mailing address: _____

Contact Name: _____

Telephone: _____

May release the information requested below concerning my DOT drug and alcohol testing records to:

C&J Marine Services, Inc.
P.O. Box 190
Berwick, Louisiana 70342

Attn: Vicky Evans
Fax: (985) 399-7793
Telephone: (985) 399-7792

Applicant's Signature Social Security Number Date

This information will be used solely for the purposes of determining whether I am eligible to perform safety sensitive functions for C&J MARINE SERVICES, INC. This release of information is valid for one year from the date of signature. Failure to provide written consent and signature, including former employer information above, will result in your being disqualified for a safety sensitive position with C&J MARINE SERVICES, INC. as per 49 CFR part 40.25(a).

TO BE COMPLETED BY PREVIOUS EMPLOYER

Did employee participate in DOT regulated drug and alcohol testing while employed by your company?
YES _____ NO _____

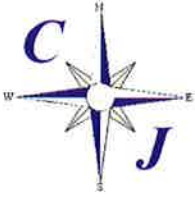
If you responded "No" please sign and date the form and return it to the address indicated above. If you responded "Yes" please complete the additional questions listed below before returning the signed form.

	QUESTION	YES	NO
1	Alcohol test results of 0.04 or higher alcohol concentration in the last two years? 49CFR part 40.25(b)(1)		
2	Verified positive drug test in the last two years 49CFR part 40.25 (b)(2)?		
3	Refusals to be tested (including verified adulterated or substituted drug test results in the past two years? 49CFR 40.25(b)(4)		
4	Other violations of DOT agency drug and alcohol testing regulations, 49CFR part 40.25(b)(4), within the last two years?		

If you responded "Yes" to any of the four questions listed above please provide documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests). 49CFR part 40.25(b)(5).

Form Completed by: _____
Print Name Title

Signature: _____
Date



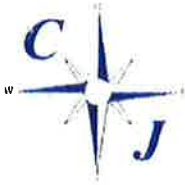
C & J Marine Services, Inc.

Verification of Previous Employment

Applicant Information					
Applicant Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Position Applied for:					
Recruiter Name:					
Previous Employment					
Name of Contact:					
Title:		Phone:	()		
Company:					
Address:					
	<i>Street Address</i>				<i>Apartment/Unit #</i>
	<i>City</i>		<i>State</i>	<i>ZIP Code</i>	
Was the applicant an employee of your company?	YES	NO			
	<input type="checkbox"/>	<input type="checkbox"/>			
What was the period of employment?	START DATE:		END DATE:		
What was the applicant's position on the last day of employment?					
What was the applicant's starting salary?					
What was the applicant's ending salary?					
What were the applicant's job responsibilities?					
What was the applicant's reason for leaving?					
Would you rehire this applicant?	YES	NO			
	<input type="checkbox"/>	<input type="checkbox"/>			

I, _____ consent to the release of the about information.

Signature _____ Date _____



REQUEST FOR GENERAL BACKGROUND INVESTIGATIONS FORM

Name of Authoring Person: _____ Date: _____

Information Requested:

<input checked="" type="checkbox"/>	Criminal Background	<input checked="" type="checkbox"/>	SS# verification
<input checked="" type="checkbox"/>	Civil Background	<input type="checkbox"/>	MVR Driving Record
<input type="checkbox"/>	Other: _____		

PERSONAL INFORMATION

* Name: (First, Middle, Maiden, Last) _____

* DOB: _____ *SS#: _____

Current address: _____

How long have you lived at current address? _____

Drivers' license number: _____ State: _____

The undersigned individual understands that a complete investigation will be administered into that individual's background. The area of investigation my cover, however, not limited thereto, criminal (misdemeanor and felony) activity, former employment, credit, driving history, motor vehicle or vessel registration. In signing this document the individual agrees to hold harmless the members of the investigation company as well as the company requesting the information from any damages suffered as a result of the information obtained during the information verification process.

Applicant Signature

Date