

# MONTCO OFFSHORE

P.O. Box 850  
 Galliano, LA 70354  
 Main: (985) 325-7157  
 Fax: (985) 325-6795



## Application for Employment

| APPLICANT INFORMATION   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| Last Name   | First                        | M.I.                        | Date  |
| Street Address  |                              | Apartment/Unit #            |   |
| City  | State                        | ZIP                         |   |
| Phone   | E-mail Address               |                             |   |
| Emergency Contact:  |                              |                             |   |
| Date Available  |                              |                             |   |
| 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 so, when?  |
| Have you ever been convicted of a felony?                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |
|   |                              |                             |   |
| CREDENTIALS   |                              |                             |   |
| MMC   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Other USCG Documents:   |
| Issue Date  | Is the MMC current?          | Exp Date:                   | Endorsements:   |
| Driver's License  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |   |
| State Issued  |                              | Exp Date:                   |   |
| TWIC  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |   |
|   |                              | Exp Date:                   |   |
| How many qualified years have you worked in the oil and gas industry? |                              |                             |   |
| REFERENCES  |                              |                             |   |
| <i>Please list three professional references.</i>                     |                              |                             |   |
| 1) Full Name  |                              | Relationship                |   |
| Company   |                              | Phone ( )                   |   |
| Address   |                              |                             |   |
| 2) Full Name  |                              | Relationship                |   |
| Company   |                              | Phone ( )                   |   |
| Address   |                              |                             |   |
| 3) Full Name  |                              | Relationship                |   |
| Company   |                              | Phone ( )                   |   |
| Address   |                              |                             |   |

| <b>PREVIOUS EMPLOYMENT</b>  |    |                    |              |
|---|----|--------------------|--------------|
| 1)<br>Company   |    |                    | Phone (    ) |
| Address   |    |                    | Supervisor   |
| Job Title   |    |                    |              |
| Responsibilities  |    |                    |              |
| From  | To | Reason for Leaving |              |
| May we contact your previous supervisor for a reference?                      YES <input type="checkbox"/> NO <input type="checkbox"/>  |    |                    |              |
| 2)<br>Company   |    |                    | Phone (    ) |
| Address   |    |                    | Supervisor   |
| Job Title   |    |                    |              |
| Responsibilities  |    |                    |              |
| From  | To | Reason for Leaving |              |
| May we contact your previous supervisor for a reference?                      YES <input type="checkbox"/> NO <input type="checkbox"/>  |    |                    |              |
| 3)<br>Company   |    |                    | Phone (    ) |
| Address   |    |                    | Supervisor   |
| Job Title   |    |                    |              |
| Responsibilities  |    |                    |              |
| From  | To | Reason for Leaving |              |
| May we contact your previous supervisor for a reference?                      YES <input type="checkbox"/> NO <input type="checkbox"/>  |    |                    |              |
|   |    |                    |              |
| <b>MILITARY SERVICE</b>   |    |                    |              |
| Branch  |    | From               | To           |
| Rank at Discharge   |    | Type of Discharge  |              |
| If other than honorable, explain  |    |                    |              |
|   |    |                    |              |
| <b>DISCLAIMER AND SIGNATURE</b>   |    |                    |              |
| I certify that my answers are true and complete to the best of my knowledge.  |    |                    |              |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.   |    |                    |              |
| I certify that Montco, Inc. has my permission to implement any screening procedures, as the company deems adequate. These screening procedures include a back ground screening, reference check from previous employers, etc... |    |                    |              |
| Signature   |    |                    | Date         |