

Lin-Bar Marine, Inc.
5703 Hwy. 56
Chauvin, LA 70344
985-594-9900

Do Not Write Office Use Only	
Date Hired: _____	Wages: _____

Name: _____
(FIRST) (MIDDLE) (LAST)

Social Security Number: _____

Driver's License Number: _____ **Date of Birth:** _____

Marital Status: _____ **Spouse's Name:** _____

Home Address: _____
(IF DIFFERENT FROM ABOVE) (STREET) (CITY) (STATE) (ZIP CODE)

Mailing Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Home Telephone: (_____) - _____ **Pager Number:** (_____) - _____

Another Telephone: (_____) - _____

Identifying Scars, Birthmarks, or Tattoos: _____

Height: _____ **Weight:** _____

Position Applying for (circle one): **Captain** or **Deckhand**

Can you perform each of the essential functions of this job? Yes / No
If NO, Please Explain: _____

Can you swim: Yes / No

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What License(s) do you currently hold? Captain Tankersman Z Card

Please Explain: _____

EMERGENCY NOTIFICATION:

Name: _____ Relation: _____

Address: _____

(STREET) (CITY) (STATE) (ZIP CODE)

Home Phone: (_____) - _____ Work Phone: (_____) - _____

EMPLOYMENT RECORD:

Date:	Company:	Phone #:	Address:

REFERENCE:

Name **Address** **Current Employer**

1. _____

2. _____

3. _____

4. _____

Signature of Applicant

Date

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VESSEL PERSONNEL PHYSICAL REQUIREMENTS

Captain:

- Must climb ladders.
- Must perform moderate lifting.
- Must be able to keep footing in sea conditions.
- Position involves frequent standing.

Note: This individual may be accommodated.

Deckhand:

- Must climb ladders.
- Must perform heavy lifting.
- Is required to engage in strenuous pulling.
- Must be able to keep footing in sea conditions.
- Position involves frequent standing.

Note: All individuals required to meet the physical qualifications of a deckhand may not be accommodated

All above positions must be able to pick up a weight capacity of 100 pounds.

I can perform the above requirements with no problems.

Name:

Date:

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Medical Examination & Drug Test Policy

In accordance with La. R.S. 23:897K, it is the stated Policy of Lin-Bar Marine, Inc. that Lin-Bar Marine, Inc. has a right of reimbursement from an employee or an applicant who becomes an employee, provided the employee is compensated at a rate equivalent to not less than one dollar above the existing federal minimum wage and is not a part-time or seasonal employee as defined in R.S. 23:1021, for the costs of such employee's or applicant's pre-employment medical examination and drug test, if the employee voluntarily terminates the employment relationship sooner than 90 working days after his/her first day of work or never reports to work, unless such voluntary termination is attributable to a substantial change made to the employment by the employer as applied in Louisiana Employment Security Law.

An employee who, without prior approval, fails to report to work as scheduled for 2 consecutive days shall be deemed to have voluntarily terminated his/her employment by abandonment of his/her position.

In accordance with La. R.S. 23:634, B. and the terms of the above-stated policy, I hereby agree that the costs of my pre-employment medical examination and drug test may be withheld from my wages if I voluntarily resign within 90 working days from my first day of work.

Signature of Applicant

Date

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Applicant Waiver Form

(to be signed by all job applicants along with application form)

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and my being considered for employment by your company, I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by your company at any time, at the company's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of the company or myself.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or make any agreement contrary to the foregoing.

I acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was made.

Signature of Applicant

Date