



255 Terminal Lane
Franklin, LA. 70538

OCI, LLC.

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

Date of Application: _____ Position(s) applied for: _____
Offshore
Onshore

Name: _____
Last First Middle

Physical Address: _____
Street City, State Zip Code

Mailing Address (if different from above): _____
City, State Zip Code

Telephone #: _____ Cell Phone #: _____ Social Security #: _____

Emergency Contact: _____
Name Address Telephone #

Were you referred to D&L by a current employee? Yes ___ \ No ___ If so, who? _____

How did you learn about D&L if not referred? Radio ___ Newspaper ___ Billboard ___ Other ___

Have you been employed here before? Yes ___ \ No ___ If so, when? (Month \ Year) _____

Are you employed now? Yes ___ \ No ___ On what date would you be available? _____

Are you available to work: Full-time ___ Part-time ___ Temporary ___ Date of birth: _____

Are you on a lay-off and subject to recall? Yes ___ \ No ___ Can you travel if a job needs it? Yes ___ \ No ___

Are you prevented for lawfully working in this country because of visa/immigration status? Yes ___ \ No ___

Have you been convicted of a crime within the last ten (10) years? If yes, explain. Yes ___ \ No ___

(Conviction will not necessarily disqualify applicant from employment)

Education: Grade School ___ High School ___ College ___ Other ___

Years of experience: Offshore ___ Oilfield ___ Craft ___

Certification/Training (Welding, Crane Operator, Rigger, PEC, etc.): _____

Indicate special qualifications or skills: _____

Work History (Your current employment and last three (3) employers):

Employer (Name, City, Phone #)	Dates of employment (Month/Year)		Position	Reason for Leaving
	From	To		

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended, to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) or omission of facts called from may result in discharge.

I understand also that I am required to abide by all rules and regulations of D & L Salvage and Marine Services, LLC. and OCI, LLC. including my consent to be physically examined if necessary. I also understand any violation of this company's Drug and Alcohol policy are grounds for termination. I also agree to report any and all incidents and/or accidents immediately to my direct supervisor. Should I be employed, I understand that my employment and compensation can be terminated with or without cause, and without notice, at any time at the option of either myself or D & L Salvage and Marine Services, LLC. and OCI, LLC. This policy cannot be amended, except in writing by a corporate president or vice president.

Applicant's Signature

Date

State any additional information you feel may be helpful to us in considering your application:



**D&L
SALVAGE, LLC**

and Miller Services

www.dnlsalvage.com

Employment Research Services

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with, and for the duration of my employment (including contract for services) with **(D&L Salvage, L.L.C.- OCI, L.L.C.)**, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contracted by this employer to furnish the above mentioned information:

Print Full Name:			
	(First)	(Middle)	(Last)
Maiden Name or Alias:			
*Date of Birth		Social Security Number	
	(MM/DD/YYYY)		
Current Address:	Apt. No. / Suite No.		
City	State	Zip	
Driver's License Number	State Issued		
Applicant's Signature	Date		

(MM/DD/YYYY)

*Date of Birth is being requested in order to obtain accurate retrieval of records.

I understand that, according to the Federal Fair Credit Reporting Act, I am entitled to know if employment is denied based on information obtained through background inquiries. I also understand that I am entitled to receive, upon written request, a copy of any investigative report(s).

I agree that any copy of this document is as valid as the original.

California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you by ERS at the address listed above.

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City		State	Zip Code
			Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A _____
- An alien authorized to work until _____

(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
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Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)
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Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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