

OSAGE MARINE SERVICE, INC.
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE COMPLETING THIS APPLICATION: When completing this application, please be aware that none of the questions are intended to imply any limitations, preferences or discrimination based on any non-job-related information. When completing this form, you may exclude organizations or information that indicate race, color, religion, national origin, disability or other protected classes. Use of this form does not indicate there are positions available nor does your completion of it assure you of a position if one becomes available. However, should a position become available within one year, your application will receive due consideration. After one year, your application will be discarded, and you must complete a new one. **INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED.**

GENERAL APPLICANT INFORMATION			
Name:		Today's Date:	
Address:		City:	State:
Zip Code:	Social Security Number:		
Phone Number(s) Where You Can Be Reached:			
Daytime ()		Evening ()	
Email address:			

Position(s) Applied For:		Date That You Are Available for Work:	
Are you on layoff and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know anyone currently employed by Osage Marine Service, Inc.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide his/her/their name(s):			
Do you have any commitments to other employers that may affect your work here:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:			
Have you ever worked here before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give date(s) of employment and position(s) held:			
Have you ever applied for work here before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a crime or pled guilty to a criminal offense (other than minor traffic violations)?**If yes, please give details below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>**Failure to disclose a conviction or guilty plea could result in withdrawal of an employment offer**</i>			
Date:	Offense:	State and County:	
Date:	Offense:	State and County:	
Date:	Offense:	State and County:	
Are you authorized to work in the U.S. in the position for which you are applying?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the requirements of the position for which you are applying?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's license?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list the state of issuance and driver's license number:			

REFERENCES OTHER THAN PREVIOUS EMPLOYERS or RELATIVES

Name:	Address:	Telephone Number(s): ()
		()
Name:	Address:	Telephone Number(s): ()
		()
Name:	Address:	Telephone Number(s): ()
		()

CERTIFICATION

I certify that the answers given in this application are true and complete to the best of my knowledge and that I have not omitted any requested information. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision. Additionally, if Osage Marine Services, Inc. (hereinafter referred to as OMS) offers me a position, I understand that I may be asked to submit to a medical examination, and my acceptance of the job may be conditioned upon passing this exam. I understand that the purpose of such a medical examination is to ensure that I can perform my job duties safely and without danger to myself or my co-workers.

In the event that I am employed by OMS, I understand that any false or misleading information I knowingly provided in my application or during the interview(s) may result in discharge and/or legal action regardless of when it is discovered. Furthermore, if I am hired by OMS, I understand that my employment will be at will, and neither this document nor any other written or verbal understanding constitutes an employment contract unless a written document is agreed upon and signed by the President of the company.

Signature of Applicant:	Date Completed:
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FOR OFFICE USE ONLY

REFERENCE CHECK

REFERENCE CHECK			
	Former Employer	Person's Name	Comments
1.			
2.			
3.			
4.			
5.			

INTERVIEW

Interview Date:		Interviewer:
Comments:		