

PLEASE READ BEFORE BEGINNING APPLICATION: This application will be considered active for only 60 days after its completion. If you wish to be considered for employment after that time, you must submit a new application. You must complete your own application (print please). Remember, omissions or fabrications will result in ineligibility or immediate dismissal if employed. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

CHET MORRISON CONTRACTORS, INC. APPLICATION FOR EMPLOYMENT

For Office Use Only

**PLEASE CLEARLY PRINT ALL INFORMATION REQUESTED – EXCEPT SIGNATURE.
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS.**

Date: _____

Name (Last, First, MI): _____

Address: _____

City _____ State _____ Zip _____
How long at address? _____ SSN _____ - _____ - _____

Telephone: (____) _____ If under 18, please list age: _____

Position Applying for: _____ Salary Desired: _____

Are you applying for Offshore Work: _____ Can you swim? _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: _____ Full-time only _____ Part-time only _____ Full- or Part-time

When are you available to work? _____ How were you referred to CMC? _____

Have you ever worked for Chet Morrison before? _____ If yes, when? _____

Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major and/or Degree
High School				
College				
Business or Trade School				
Professional School				

FOR OFFICE USE: (Needed Paperwork and/or Training)

✓	Paperwork or Training	Date
	Physical	
	Drug Screen	
	Orientation	

✓	Paperwork or Training	Date
	SafeGulf	
	Rigger	
	Crane Cert	

✓	Other Paperwork or Training	Date

Have you ever been convicted of a crime? _____Yes _____No

If yes, explain number of conviction(s), nature of offense(s) leading to convictions(s), how recently such offense(s) was/were committed, and sentence_____

PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH YOUR MOST RECENT JOB HELD. IF YOU WERE SELF-EMPLOYED, GIVE FIRM NAME. ATTACH ADDITIONAL SHEETS IF NECESSARY.

Name of Employer: Address: City, State, Zip: Phone Number:	Name of Last Supervisor	Employment Dates	Pay or Salary
		From: To:	Start: Final:
	Your Last Title:		
Reason for Leaving (be specific):			
List the jobs held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

Name of Employer: Address: City, State, Zip: Phone Number:	Name of Last Supervisor	Employment Dates	Pay or Salary
		From: To:	Start: Final:
	Your Last Title:		
Reason for Leaving (be specific):			
List the jobs held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

Name of Employer: Address: City, State, Zip: Phone Number:	Name of Last Supervisor	Employment Dates	Pay or Salary
		From: To:	Start: Final:
	Your Last Title:		
Reason for Leaving (be specific):			
List the jobs held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

May we contact your present employer? _____ Yes _____ No

Did you complete this application yourself? _____ Yes _____ No

If not, who did? _____

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE.

Do you have a Driver's License? _____ Yes _____ No

What is your means of transportation to work? _____

Driver's License Number _____ State _____ Exp. Date _____

Type of License: Operator _____ Commercial (CDL) _____ Chauffeur _____

Please list four (4) references other than relatives.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone(_____) _____

Telephone(_____) _____

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone(_____) _____

Telephone(_____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE READ CAREFULLY

APPLICATION FOR WAIVER

In exchange for the consideration of my job application by CHET MORRISON CONTRACTORS, INC. (hereinafter know as "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either the position applied for, or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/C.E.O. of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigation consumer report including information as to my credit reports, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with Company shall be probationary for a period of ninety (90) days. At any time during the probationary period and/or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

CHET MORRISON CONTRACTORS

NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS

A consumer report containing information concerning your employment history, criminal records, and motor vehicle records may be obtained in connection with your application and/or for continued employment with the company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

CONSENT TO OBTAIN CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

1. I have read the above "Notice To Applicants/Employees Regarding Consumer Reports" and hereby authorize the company to obtain consumer reports as described.
2. I understand that I have the right to make a written request within a reasonable amount of time to receive the name, address and telephone number of the consumer-reporting agency.
3. I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agencies, financial institutions or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, in order that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience or qualifications.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE ABOVE STATEMENTS.

PRINT YOUR NAME

SIGNATURE

DATE



Chet Morrison
CONTRACTORS, INC

REIMBURSEMENT FOR PRE-EMPLOYMENT EXPENSES (For Applicants)

In accordance with LSA R.S. 23:897, K., it is the stated policy of **Chet Morrison Contractors, Inc.** that Chet Morrison Contractors, 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 (\$1.00) 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/or drug test, if the employee voluntarily terminates the employment relationship sooner than **ninety (90)** working days after his 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 **three (3)** consecutive days shall be deemed to have voluntarily terminated his/her employment by abandonment of his/her position.

In accordance with LSA 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/or drug test(s), as well as any other additional expenses I may incur such as PPE or any company paid training required for the position, may be withheld from my wages if I voluntarily resign within ninety (90) working days from my first day of work:

Print Full Name

Signature

Social Security Number

Date

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e))

Prospective Employee Name: _____ SSN: _____
(Print Name)

The prospective employee is required by Sec 40.25(j) to respond to the following questions:

1. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two (2) years?

Check One: Yes No

2. If you answered "Yes," can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check One: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed by: _____ Date: _____
(Signature)

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION
SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
First, M.I., Last _____ Social Security No. _____

Hereby authorize: Chet Morrison Contractors, In. _____
Chet Morrison Offshore, LLC _____
Chet Morrison Diving, LLC _____
Date of Birth _____

Previous Employer: _____ Email: _____
Street: _____ Phone: _____
City, State, Zip: _____ Fax: _____

To release and forward the information requested by Section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous three (3) years from _____
(date of employment application)

To:
Prospective Employer: Chet Morrison Contractors, Inc. _____

Attention: _____ Telephone: _____

Street: P.O. Box 3301 _____

City, State, Zip: Houma, LA 70361 _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: 985-873-2809 _____

Prospective employer's confidential email: _____

Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.25 and §391.23. (See back of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If employee was not subject to Department of Transportation testing requirements while employed by this employer, please check here (____), fill in the dates of employment from _____ to _____, complete bottom of Section 2, sign, and return.

Employee was subject to Department of Transportation testing requirements from _____ to _____

- | | YES | NO |
|--|-------|-------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | _____ | _____ |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? | _____ | _____ |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? | _____ | _____ |
| 4. Has this person committed other violations or Subpart B of Part 382, or Part 40? | _____ | _____ |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person complete an SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If "YES," please send documentation back with this form. | _____ | _____ |
| 6. For an employee who successfully completed an SAP's rehabilitation referral and remained in your employ, did this employee subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? | _____ | _____ |

In answering these question, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous three (3) years prior to the application date shown in Section 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____

SECTION 3: TO BE COMPLETED BY PRESPECTIVE EMPLOYER

This form was (check one) (____) Faxed to previous employer (____) Mailed (____) Emailed (____) Other _____
Date _____

Completed below when information is obtained.

Information received from: _____