

	Document Title	Employment Application		
	Document No.	LO-HSE-JWL-EA-0010-001		
	Revision Date	December 27, 2007	Revision No.	1



Welcome to Legacy Offshore, LLC. Everyone applying for a position at Legacy Offshore, LLC must complete an employment application in full. All applicants must provide two forms of identification and all certifications and licenses'. Veterans please provide a copy of your DD-214. Legacy also requests that all applicants provide a resume with for the interview.

Diving personnel please provide:

- A up-to-date dive log book
- ADC card
- Dive school diploma
- Hat and bail out inspection

After the application is completed and copies of the certifications and made, you will conduct an interview with the manager of that department. Please direct questions about pay rates, work schedules, and job responsibilities to the department manager.

Legacy Offshore, LLC does provide benefits to full time employees. Your Human Resources representative will be happy to cover these benefits during your hiring process. You are eligible for benefits after 90 days of employment.

All applicants after being offered employment will have to take a pre-employment physical and drug screen. Diving personnel may be required to take a diving physical prior to working. Employment is on condition of passing both the physicals and drug screen. Legacy Offshore may require additional physical testing for employment.



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Personal Information

Last Name	First Name	Middle Name	Today's Date	
Previous Street Address	City	State	Zip	Years at address
Present Street Address	City	State	Zip	Years at address
Mailing Address if different than above	City	State	Zip	Years at address
Home Number	Cell Phone	Pager	Social Security #	
Position Desired	Pay Expected	Will you work overtime?	When available for work?	
Emergency Contact Person	Relation to you	Home Number	Work Number	

Email Address:

Have you ever applied for employment with us? Yes No If yes: Month and Year _____

Apart from absence for religious observance, are you available for full-time work? Yes No

Are you a U.S. Citizen? Yes No

Are you legally eligible for employment in the United States? Yes No

State names of relatives and friends working for us, other than your spouse?

Did you serve in the U.S. Armed Forces? Yes No If yes, what branch? _____

Have you been convicted of a crime, excluding misdemeanors and summary offenses? Yes No

If "Yes", describe in full -

Training

<i>School</i>	<i>Name and Location</i>	<i>Course Study</i>	<i>No. of Years Completed</i>	<i>Did you Graduate?</i>	<i>Degree or Diploma</i>
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

References

Name of Reference	Position	Contact Number	Results



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Employment

Company Name	Telephone Number	Name of Supervisor	Pay
Street Address	City	State	Zip
Employment – (State month and year) From _____ To _____		Reason for leaving	
Job Title	Describe you work		
Company Name	Telephone Number	Name of Supervisor	Pay
Street Address	City	State	Zip
Employment – (State month and year) From _____ To _____		Reason for leaving	
Job Title	Describe you work		
Company Name	Telephone Number	Name of Supervisor	Pay
Street Address	City	State	Zip
Employment – (State month and year) From _____ To _____		Reason for leaving	
Job Title	Describe you work		
Company Name	Telephone Number	Name of Supervisor	Pay
Street Address	City	State	Zip
Employment – (State month and year) From _____ To _____		Reason for leaving	
Job Title	Describe you work		

We may contact the employers listed above unless you indicate those you do not want us to contact.

Employer	Reason

I hereby declare that the information provided by me is true, factual, and complete. I understand that false statements will disqualify me for employment or cause my subsequent dismissal. I authorize Legacy Offshore, LLC., Inc. to investigate my past employment, medical, training and all other statements contained in this application. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

Print name _____ Signature _____ Date _____

Office Use Only

Shop/Office Pay		Supervisor Pay	
Saturation Pay		Training Pay	
Hourly Pay			