Candy Fleet, L.L.C.

(An Equal Employment Opportunity Employer)
1207 FRONT STREET
P.O. BOX 2444
MORGAN CITY, LA 70381-2444

Date		
Pale		

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

Fill in all spaces. If an item does not apply write "none". This application will be considered active for ninety days form this date. After that the application must be renewed to be considered. You must fill in your own application. Applicants with disabilities who desire accommodation in completing the pre-employment questionnaire are invited to discuss their needs with us.

Name LAST NAME	FIRST NAME	Social Sec	curity No.
Present Address STREET)
Previous Address CITY		HOW LONG THERE? Phone No	
Position Applied For	☐ FULL TIME ☐	PART TIME Salary Required	Date Available
If part time, show days / hours ava	ilable:		
If hired will you work overtime if i	required? Yes No		
Salary or Wages desired:	Hr Wk	Date you are availab	le to start work
Are you willing to take a physical of	exam and / or polygraph (lie-detector) t	est under conditions permitted by la	w? Yes No
Have you or a relative ever worked	I for the Company? Yes N	o If yes, please state dates of employ	yment:
Have you applied to the Company	before? Yes No If yes, wi	nen?	
Do you have the legal right to worl If hired, proof of status will be req	k in the United States? Yes uired.	No	
Have you ever been convicted of a	crime by a civilian or military court (o	ther than a minor traffic violation)?	Yes No
If yes, please give details:			
•			
Do you own a car or truck?		bar to employment. All circumstances consid	ered.
			No_
		Differs Elective	
Are you currently employed?			
May we contact your present empl			
Have you ever received Workmen'	s Compensation or other payments, inc	luding maintenance and cure for an	y injuries? Yes No
What year?			
	gency		
Relation to you		Phone No. AREA CODE PH	ONE NO.
	□ NO Service Branch		
Date Discharged and Final Rank_	S	elective Service Classification or Res	erve Status
Please state whether you are at lea	st 18 years of age Yes No		
EDUCATION COMPLETED High School Name and Address of	School		
Highest Level Completed 9 10	11 12 Course of Study	Graduated 🗆 Yes 🗆 No 1	Diploma or Degree
College or Other, Specify Name &	Address of School		
Highest Level Completed 1 2 3	4 Course of Study	Graduated 🗆 Yes 🗆 No	Diploma or Degree
Do you speak any foreign language	es?Which?	Pass	port No
Have you ever worked in a foreign	country?Name of Country	/	
Would you be willing to some a ser	ntinuous tour of duty in a fausian save	wy Vos No O	Voor Sy Months Thus Months

If you are applying for a clerical position, please complete the following: SPEED IN TYPINGWPM WORD PROCESSING EXPERIENCE: Yes No If yes, what system?						
Have you ever been bonded in price	or employment?Yes	_ No If yes, list the	name of the em	ployer(s)	70273174-04 200	
Additional work experience, skills,	, information, licenses, certificat	tions, special study o	r research work	relating to position for or of	general interest	
(attach supplemental sheet if neces	ssary):					
Is any information necessary to en	able a check of your records suc	ch as change of name	e, use of assumed	d name or nickname? If yes,	please explain:	
(check) LICE	ENSES & CERTIFICATES			Number	Expires	
FCC Restricted Radiotelepho	ne Opr. Permit					
Z-Card Identification - OS	WiperMessman					
AB-Card - Unlimited Li						
Master - Tonnage Restrictions:	☐ Master ☐ Mate ☐ Oil☐ Under 500 GT ☐ Unde☐ Other Licenses	er 300 GT				
Starting with your last position, I YOU WORKED. If you need me Date FROM TO Mo YR. Mo YR.	list all employment. If you ser		, include name		Salary Beginning Leav	
DEDSONAL DEFEDENCES						
ERSONAL REFERENCES NAME ADDRES		ESS	P	HONE		
2						
3						
Thank you for completing this applic						
Fleet will be based on consideration o	IMPORTANT EMPLO				mintary veteran statt	
Please be advised that the following c or hire to other companies are always permitted to leave the vessel to which form assigned vessels without prior at	on call at all times, it is necessary they are assigned for business pu	that boat personnel representation that boat personnel representation as pickin	nain on board wh g up groceries or	nile the boats are at the dock. B supplies, or for emergency reasons.	oat personnel will on sons. Any other abse	
While Candy Fleet boat personnel as prohibited; having firearms (guns) on Violation of these prohibitions will be	re on duty, whether offshore or at board is also forbidden; and bringi	the dock, drinking of	alcoholic bevera	ages is not permitted; use of an for any reason other than compa	ny type of illegal dru	
I certify that my answers to the foregon sufficient cause for rejection or imme- my former employers(s) and all other any other information they may have damage whatsoever which I could or a	oing questions are true and correct diate dismissal. I hereby authorize r persons named herein who might r regarding me whether or not the	and understand that a release of any inform thave information cor same is a matter of rec	ny false or mislea ation regarding ar acerning me, to gi	nding information or omission on the criminal convictions that may we any information regarding r	y exist against me, and ny former employme	
In making this application for employ Fleet, I may be asked to submit to poly all under such conditions as may be po persons and companies from any liabi	ygraph examinations, stress test, or ermitted by law. By signing this ap	r physical examination oplication, I hereby ag	s which will include to submit to su	ude testing for alcohol and drug	s, and/or be fingerpri	
In making this application, it is under neighbors, friends, associates of mino character, general reputation, persona	rstood that an investigative consure or with others who may have kno	mer report may be ma owledge concerning a	de whereby infor			
I understand that the use of this form observe all Company rules and regula		y such future employm	ent is terminable			

__ Signature _

Date _