



Marine Jobs Maritime Training & Personnel

"Charting Careers in the Marine Industry"

800 Downtowner Blvd. Suite 111, Mobile, AL 36609

Phone (251) 380-0765 FAX 380-0571

www.marinejobs1.com

ATTENTION : _____ DATE : _____

Here is the application you requested. So that we may process your application as quickly as possible, please complete every page. Please be sure to have your signature witnessed where indicated. Make sure you are detailed in the duties / positions section. We need to know your experience on ALL previous jobs and positions you have worked. This will help us better serve your needs.

Enclosed also in your application you will find :

CONTRACT OF AGREEMENT (read, sign, and have your signature witnessed),

PAYCHECK MAILING AGREEMENT (read and have 2 people witness your signature or have it witnessed by a notary),

SPECIAL POWER OF ATTORNEY (read and have 2 people witness your signature or have it witnessed by a notary),

WORK REFERENCE SHEET (read and sign).

Please send **copies** of the following documents along with your completed application:

- 1) Drivers License,
- 2) Z-Card (if you hold one),
- 3) Social Security Card,
- 4) Passport (if you have one)
- 5) Any U. S. Coast Guard issued Licenses
- 6) If prior Military- include a copy of your long form DD-214

Remember, we **can not** process this application unless **all** the information is filled out **completely** . Thank you for your cooperation. If you have any questions regarding the instructions above do not hesitate to call me.

YOU ARE NOT UNDER ANY OBLIGATION TO ACCEPT ANY JOB THAT WE PRESENT TO YOU. IN FACT YOUR JOB SEARCH IS FREE!! WE DO NOT EARN A FEE UNLESS YOU ACTUALLY GO TO WORK AS A RESULT OF OUR EFFORTS. PLEASE GIVE US AN OPPORTUNITY TO SHOW YOU WHAT WE HAVE TO OFFER! WE THINK YOU'LL BE PLEASED.

We are Equifax reporting, your good payment history can improve your credit history! 😊

BIG discounts if paying using your Visa or MasterCard! 😊

MARINE JOBS MARITIME TRAINING & PERSONNEL

Thank you,

Ms. Wendy Sullivan, Resource Manager-----24 hr. pager (251) 639-8383


Email address ---- wsullivan@marinejobs1.com

Mr. Ray Sullivan, Resource Manager-----24 hr. pager (334) 639-4066

Email address ----- skipper@marinejobs1.com

Captain Jimmie Sedberry, Training Programs Consultant

Email address -- CaptainJim@marinejobs1.com

SOCIAL SECURITY NO. -- --	APPLICATION FOR EMPLOYMENT	OFFICE USE ONLY A/E _____
NAME		 <p style="text-align: center; margin-top: 10px;"> Marine Jobs Maritime Training & Personnel 800 Downtowner Blvd. Suite 111 Mobile, AL 36609 Phone 251.380.0765 Fax 251.380.0571 </p>
ADDRESS		
CITY, STATE, ZIP		
POSITION APPLYING FOR ?	SALRY DESIRED \$ _____ .00 /WEEK	
DATE YOU CAN START? / /	DO YOU HAVE VALID PASSPORT Y N	
DO YOU HAVE YOUR OWN VEHICLE? Y N IF YES.. YEAR _____ MAKE _____ MODEL _____		
DO YOU HOLD ANY US COAST GUARD DOCUMENTS / LICENSES? Y N IF YES PLEASE LIST: _____		
In order for us to do the best possible job search for you please give us work history from the time you graduated or finished high school. Include ALL jobs.		

TYPE OF BOATS WORKED	AREAS WOKED	ENGINES MAINTAINED	HORSEPOWER	# OF BARGES
SUPPLY/UTILITY BOAT	UPPER MISS	ALCO	1000-2000 HP	1-6
CREW BOAT	LOWER MISS	CAT	2000-5000 HP	6-8
PUSH/TOW BOAT	ICW	CUMMINGS	5000-8000 HP	8 --12
SHIP	GULF OF MEXICO	DETROIT	8000-OVER HP	12--24
TANKER	WEST COAST	GM		24--28
SHRIMP BOAT _____ FT.	EAST COAST	EMD		28+
OTHER _____	LAKES	OTHER _____		
	OTHER _____			

**Please circle only the selections above
That apply to areas you have worked.**

WORK HISTORY- Please list most recent employer first				
Employer	Phone () -	DATES EMPLOYED	DESCRIBE YOUR JOB DUTIES	
Address		FROM: TO:		
Job Title	Supervisor	PAY RATE		
Reason for leaving		START:		
May we contact	Y N	END:		
Employer	Phone () -	DATES EMPLOYED		
Address		FROM: TO:		
Job Title	Supervisor	PAY RATE		
Reason for leaving		START:		
May we contact	Y N	END:		
Employer	Phone () -	DATES EMPLOYED		
Address		FROM: TO:		
Job Title	Supervisor	PAY RATE		
Reason for leaving		START:		
May we contact	Y N	END:		
Employer	Phone () -	DATES EMPLOYED		
Address		FROM: TO:		
Job Title	Supervisor	PAY RATE		
Reason for leaving		START:		
May we contact	Y N	END:		
Employer	Phone () -	DATES EMPLOYED		



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PERSONAL INFORMATION

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Owns ___ Rents ___ If less than 5 yrs. prior address _____

Home phone _____ Mess. Phone / Pager _____

SS# _____ - _____ - _____ Drivers Lic.# _____ State _____ Ht. _____ Wt. _____

Married ___ Single ___ Divorced ___ Name of Spouse _____

Name, Address, & Phone # of Parents _____

() -

Name, Address. & Phone # of In-Laws _____

() -

Please list 3 personal references:

Name _____ Phone # _____ Yrs. known _____

Name _____ Phone# _____ Yrs. known _____

Name _____ Phone# _____ Yrs. known _____

Are you a US citizen? Y ___ N ___ Place of Birth _____

EDUCATION

(Please Circle) High School 9 - 10 - 11 - 12 - GED College 1 - 2 - 3 - 4 - GRAD Type of Degree

Last day of high school ____/____/____

Trade Schools _____

MISC. INFORMATION

Have you ever been convicted in any court including military court of anything other than a minor traffic violation? _____ Give date & explain _____

Are you now or have you ever been in financial litigation? (ex.; bankruptcy) _____ Date _____

MILITARY HISTORY

Branch _____ Rank _____ Rating _____ Terms of Discharge /Date _____/_____

Special Schools/ Trades _____

Under way watch stations qualified; _____

I certify that the above statements are true to the best of my knowledge.

Date _____ Signature _____



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EMPLOYMENT CONTRACT <READ CAREFULLY>

This contract is entered into by and between hereinafter referred to as the applicant and **MARINE JOBS, INC.** hereinafter referred to as the Employment Service.

Acceptance means agreement by applicant with an employer to begin work. It is agreed that applicant shall at all times have the right to refuse any employment that is referred by **MARINE JOBS, INC.** If applicant has been offered AND has accepted a position by phone, fax, or in person, **THE FEE IS EARNED AND DUE** to **MARINE JOBS, INC.**

The rate of charge is **Fourteen (14) days** based on your starting daily gross rate of pay at time of acceptance. **(THERE IS NO MINIMUM FEE REQUIREMENT.)** No down payment is required. Payments will be made in installments until the fee is paid in its entirety. **We will require a payment equal to 20% of the gross earnings from each check until the fee is paid in full.**

The fee for "trip work" is calculated on a percentage basis. **MARINE JOBS, INC.** will charge up to twenty-five (20%) per cent of the gross trip. (not to exceed the standard fee if the position had been charged as a permanent job placement).

I understand that my payment history will be reported to Equifax, Inc. _____ (Initial here please).

Applicant's acceptance of an introduction by Employment Service shall take precedence over any previous application they may have filled with said employer. Applicant's signature on Special Power of Attorney and Paycheck Mailing Agreement acknowledges that payroll checks from employment shall be sent to **MARINE JOBS, INC.** until the earned employment fee is paid. Applicant's signature on Employment Contract acknowledges that fee **payments will be made in a timely manner should direct billing be offered with regard to select positions.**

Transportation to and from my job and/or job interview are my responsibility. I further understand that the expenses I incur to and from my job interview are my responsibility. I give the employer and **MARINE JOBS, INC.** the right to investigate all references and to secure additional information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information. I hereby certify that the statements on my application are true and correct and are given for the purpose of securing employment. This agency is authorized to obtain a consumer report, to verify the statements contained in this application, and to release said report and application to prospective employers.

Applicant hereby stipulates and agrees to pay attorney fees plus all costs of collection including court cost should it become necessary to obtain counsel/collection service in order to collect any fee due. I do hereby waive all rights of exemption under the Constitution of the United States, the Constitution of Alabama, or any other law of the United States, or the State of Alabama, in reference to the granting of exemption of my wages from attachment or garnishment. I specifically waive my right of exemptions under Title 46, US Code, and Annotated Section 11109. **If I quit, am fired, or terminate for ANY reason, MARINE JOBS, INC. is entitled to be paid the full employment fee. I further agree that if I am terminated or quit for ANY reason I authorize Marine Jobs, Inc. to subtract the unpaid balance from my last check or checks.**

I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THIS CONTRACT AGREEMENT, INCLUDING THOSE PROVISIONS OF THE CONTRACT IN REFERENCE TO THE WAIVER OF EXEMPTIONS.

Applicant's Signature

DATE

Witness Signature



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PAYCHECK MAILING AGREEMENT

I, _____, hereby authorize
_____, to mail my payroll checks to:

**MARINE JOBS, INC.
800 DOWNTOWNER BLVD. SUITE. 111
MOBILE, AL 36609**

This agreement is irrevocable until installment payments totaling \$ _____ have been paid to said employment service. It shall continue until such time as the total fee has been collected by MARINE JOBS, INC. Upon completion, all future payroll checks are to be paid directly to me at the following address:

NAME

SIGNATURE

ADDRESS

WITNESS

CITY / STATE / ZIP CODE

WITNESS

AREA CODE / PHONE NUMBER

SOCIAL SECURITY NUMBER

State of _____
County of _____

Before me, the undersigned authority, on this day (name) _____ proven to me
to be the person whose name is subscribed to the foregoing instrument.

Given under my hand and seal:

This the _____ day of _____ 20_____.

Notary Public in and for _____ County,

Notary Signature

My commission expires _____



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SPECIAL POWER OF ATTORNEY

KNOWN BY ALL MEN BY THESE PRESENTS , that I _____
desiring to execute a **SPECIAL POWER OF ATTORNEY** have made, constituted and appointed and by
these presents do make **MARINE JOBS , INC.** my Attorney- In- Fact for me in my name , place and stead
to perform the following matters:

**To endorse and deposit into the account of MARINE JOBS, INC. at the Am South Bank a
banking institution, the proceeds of my check from my employer.**

FURTHER , I do authorize my aforesaid Attorney - In - Fact to perform all necessary acts in execution of
the aforesaid authorization with the same validity as I could effect if personally present. Any act or thing
lawfully done hereunder by my said attorney shall be binding on myself , heirs , legal and personal
representative , and assigns.

Provided, however , that all business translated hereunder for me or my account shall be transacted in my
name, and that all endorsements and instruments executed by my said attorney for the purpose of carrying out
the foregoing powers shall contain my name, followed by that of my said attorney and the designation
"Attorney - In - Fact".

Choose One:

- () **Hold** ; payroll check , and check stub at **MARINE JOBS , INC.**
- () **Mail** ; payroll check , and check stub to me.

WITNESS

SIGNATURE

WITNESS

State of _____
County of _____

Before me, the undersigned authority, on this day (name) _____ proven to me
to be the person whose name is subscribed to the foregoing instrument.

Given under my hand and seal:
This the _____ day of _____ 20_____.
Notary Public in and for _____ County,

Notary Signature
My commission expires _____



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WORK REFERENCE SHEET- FOR OFFICE USE ONLY

Date Completed _____

I'm calling from Marine Jobs Maritime Training & Personnel for a work reference on:

Client's Name _____ SS# _____

1. Company _____ Telephone _____
 Position _____ Name of person giving Reference _____
 What were the dates of his / her employment? ___ / ___ / ___ to ___ / ___ / ___
 Did he / she follow instructions satisfactorily? **YES** **NO**
 Was his / her work satisfactory? **YES** **NO**
 Was his / her attendance satisfactory? **YES** **NO**
 Is he / she eligible for rehire? **YES** **NO**
 If no, does the company have a no rehire policy? **YES** **NO**
 Comments: _____

2. Company _____ Telephone _____
 Position _____ Name of person giving Reference _____
 What were the dates of his / her employment? ___ / ___ / ___ to ___ / ___ / ___
 Did he / she follow instructions satisfactorily? **YES** **NO**
 Was his / her work satisfactory? **YES** **NO**
 Was his / her attendance satisfactory? **YES** **NO**
 Is he / she eligible for rehire? **YES** **NO**
 If no, does the company have a no rehire policy? **YES** **NO**
 Comments: _____

3. Company _____ Telephone _____
 Position _____ Name of person giving Reference _____
 What were the dates of his / her employment? ___ / ___ / ___ to ___ / ___ / ___
 Did he / she follow instructions satisfactorily? **YES** **NO**
 Was his / her work satisfactory? **YES** **NO**
 Was his / her attendance satisfactory? **YES** **NO**
 Is he / she eligible for rehire? **YES** **NO**
 If no, does the company have a no rehire policy? **YES** **NO**
 Comments: _____

4. Company _____ Telephone _____
 Position _____ Name of person giving Reference _____
 What were the dates of his / her employment? ___ / ___ / ___ to ___ / ___ / ___
 Did he / she follow instructions satisfactorily? **YES** **NO**
 Was his / her work satisfactory? **YES** **NO**
 Was his / her attendance satisfactory? **YES** **NO**
 Is he / she eligible for rehire? **YES** **NO**
 If no, does the company have a no rehire policy? **YES** **NO**
 Comments: _____



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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 for and /or 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 from the potential employer, 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 OBTAINING CONSUMER REPORTS **READ CAREFULLY BEFORE SIGNING**

I HAVE READ THE ABOVE " NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS" AND HEREBY AUTHORIZE THE EMPLOYER TO OBTAIN THE CONSUMER REPORT AS DESCRIBED.

PRINT YOUR NAME

SIGNATURE

DATE