

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	✓	Paperwork or Training	Date	✓	Other Paperwork or Training	Date
	Physical			SafeGulf				
	Drug Screen			Rigger				
	Orientation			Crane Cert				

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:	Start:
		To:	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:	Start:
		To:	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:	Start:
		To:	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 _____

Position _____

Company _____

Address _____

Telephone() _____

Name _____

Position _____

Company _____

Address _____

Telephone() _____

Name _____

Position _____

Company _____

Address _____

Telephone() _____

Name _____

Position _____

Company _____

Address _____

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)

Applicant Authorization to Release DOT Drug/Alcohol Test Results

(As required by 49 CFR Parts 40.25 and 391.23)

TO BE COMPLETED BY APPLICANT

I, _____, as the "Applicant," understand that as a condition of hire with CHET MORRISON CONTRACTORS, LLC, as the "Company", I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

Below, I have listed all of the employers for which I have worked during the past two years (or three years as a CDL driver). I hereby authorize all of my previous employers listed below to furnish to the company, listed above, the DOT information described below.

A Commercial Driver's License (CDL) is required for my employment: No Yes

(If No, provide all DOT previous employers in the past 2 years.)

(If Yes, provide all DOT previous employers in the past 3 years.)

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Emp.

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes below, to the company listed above. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous two years (or three years as a CDL driver). I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

- Check this box if you have NOT performed DOT functions in the past two years (or three years as a CDL driver.)
- Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years (or three years as a CDL driver).

Signature of Applicant

Social Security Number

Date

Release of Previous Employer's DOT Drug/Alcohol Testing Results

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant, named above. This information request covers any period of employment of the Applicant by you going back two years (or three years, if employee utilized a CDL license), from the date of this request. Please complete the following:

- | | | |
|--|---|--|
| <p>YES</p> <p>_____

_____</p> | <p>NO</p> <p>_____

_____</p> | <p>1. Any DOT alcohol test results of 0.04 or greater?</p> <p>2. Any DOT positive drug test results?</p> <p>3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results)</p> <p>4. Other violations of DOT drug and alcohol testing regulations?</p> <p>5. If "yes" for any of the above items, did the employee complete the return-to-duty process?*</p> |
| <p><input type="checkbox"/></p> | | <p>6. Check this box if the applicant was employed by you but was <u>not</u> subject to DOT regulations.</p> |

*Note: If "yes" for item 5, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer's Company Name

Name of Person Completing Form

Date

Fax Completed Form To: CHET MORRISON CONTRACTORS, LLC (985) 858-3224

* A reproduction of this form shall be deemed as effective and valid as an original.

To be completed by Previous Employer

To be completed by Previous Employer