

Office (504) 309-5994 | Fax (504) 309-8663 | www.deltamarinelogistics.com

## (Pre-Employment Questionnaire)

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a nonrelated medical condition or handicap.

Personal Information	on							
Full Name:								
Last			First	t			<i>M.I.</i>	
Present Address:								
	Street		City			State	Zip	
Permanent Address:								
r ennanent Autress.	Street		City			State	Zip	
Home Phone #:	Call/Alternate Phone #							
Date Available:								
Position Applied for:								
U.S. Military Servic	e	_					_	
Branch:		Rank:			Reserves:			
Present Membership in National Guard or Reserves?:								
Type of Discharge:								
Employment Desire		_						
				_				
Position:		_ Date You Can Star	t:			Salary Desire	ed:	
Years of Experience:	Work Shift Preference:							
Education	-		-		-	-		
High School:		Addres	s:					
From:	To:	Did you graduate	YES ?	NO	Diploma::			
College:		Addres	s:					

From:	То:	Did you graduate?	YES	NO □	Degree:
Other:		Address:			
From:	To:	Did you graduate?	YES	NO □	Degree:
References					
Please list three prof	essional reference	es.			
Full Name:					Relationship:
Company:					Phone:
Address:					
Full Name:					Relationship:
Company:				Phone:	
Address:					
Full Name:					Relationship:
Compony					Phone:
Addrose:					
Former Employm	ent				
Company:					Phone:
A daha a a .					Cum an ús an
Job Title:		Starting Sa	Ending Salary:		
Responsibilities:					
From:	То:		Reason	for Lea	ving:
May we contact your		r for a reference?	YES	NC	)
Company:					Phone:
Address:					Supervisor:
Job Title:	Starting Salary:				Ending Salary: <u>\$</u>
Responsibilities:					
From:	То:		Reason	for Lea	ving:
May we contact your	orevious superviso	r for a reference?	YES		

Company:				Phone:			
				Thone.			
Address:	Supervisor:						
Job Title:	Starting S	Starting Salary:			Ending Salary: <u>\$</u>		
Responsibilitie	PS:						
From: _	То:	Reason	for Leaving:				
May we conta	ct your previous supervisor for a reference?	YES					

## **Disclaimer and Signature**

By signing this employment form, I hereby certify that the facts set forth in this employment application are true and correct to the best of my knowledge. I further understand that if employed, falsified statements or misrepresentations contained in this employment application, whether by statement or omission, constitute for my immediate dismissal.

By signing this employment application form, I acknowledge my agreement that if an offer of employment is made to me, my employment is for no definite period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, with or without cause, without notice.

By signing this employment application form, I acknowledge my agreement that if an offer of employment is made to me, I will willingly submit to post-employment, random, post-accident and periodic urinalysis, polygraph and breath testing for illegal drugs and/or alcohol. Further, I authorized and consent to you sending copies of my urinalysis test results to the proper law enforcement agencies. Also, further, I authorize and consent to you notifying and providing information to the proper law enforcement authorities should I refuse to submit to urinalysis test. Specifically, I consent to the taking of these tests on any occasion upon which I may be injured or be involved in an accident.

By signing this application form, I acknowledge my agreement and authorize you to contact any former employers for purposes of obtaining my personnel records and files, as well as my work history from those former employers.

By signing this employment application form, I acknowledge my agreement and authorize a present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with this application for employment. I agree that a photocopy of this authorization be accepted with the same authority as the original.

By signing this employment application form, I acknowledge my agreement that if an offer of employment is made to me, I willingly submit to random searches of my person, personal effects and vehicle. Further, I authorize and consent to you taking into custody and/or turning over to proper law enforcement authorities any illegal drugs, drug paraphernalia, intoxicating beverages, firearms, weapons or stolen property discovered by these searches.

By signing this employment application form, I acknowledge that if an offer of employment is made to me, I will willingly submit to a post-employment medical examination by a physician chosen by my employer, and that I shall truthfully and fully comply with any and all requests by the medical examiner regarding my medical and current medical status.

I HAVE READ AND FULLY UNDERSTAND THESE CONDITIONS OF EMPLOYMENT AND BY SIGNING THIS EMPLOYMENT APPLICATION I AGREE AND WILL COMPLY WITH THESE TERMS.

Signature:

Date: