



**PRE-EMPLOYMENT  
QUESTIONNAIRE  
AN EQUAL  
OPPORTUNITY  
EMPLOYER**

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE		

**DESIRED EMPLOYMENT**

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY?		

**EDUCATION**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**NAME:** \_\_\_\_\_

**FORMER EMPLOYERS**

*LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.*

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

## REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

## SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

## AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED INT HIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FOR ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

FOR MANAGEMENT USE ONLY	
EMPLOYEE NUMBER:	
DATE OF HIRE:	DEPARTMENT:
POSITION:	SALARY:

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

We here at Pelstar strive to facilitate the most optimal working environment for all our employees. In an effort to better serve you as an individual and ensure the top safety requirements in the Gulf are met we cordially request a copy of all of your Certification and Qualification cards received thus far.

TWIC	EXPIRATION DATE
WATER SURVIVAL	EXPIRATION DATE
SAFE GULF	EXPIRATION DATE
RIGGING	EXPIRATION DATE
FALL PROTECTION	EXPIRATION DATE
H2S	EXPIRATION DATE
BLOOD BORNE PATHOGENS	EXPIRATION DATE
OTHER	EXPIRATION DATE

## RELEASE OF MOTOR VEHICLE RECORDS

(Complete this form only if this information is job-related)

By my signature below, I acknowledge that the management of Pelstar has informed me that they will obtain copies of my motor Vehicle Records from any state wherein I am or have been a licensed driver at any time.

I further acknowledge that I have been informed that these records will be used to determine my eligibility for employment, either to be hired or to continue employment, by Pelstar

Any information contained in the Motor Vehicle Record may be released to any person or persons that may have good cause to need this information.

Management of Pelstar will have sole authority without recourse to determine the acceptability of any information contained in my Motor Vehicle Record.

I have been given an opportunity to ask questions, and have received clarification and fully understand the implications of this authorization.

Pelstar has no liability for any action taken due to information contained on said Motor Vehicle Record should such information be in error.

Printed name of applicant: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

## BACKGROUND INVESTIGATION RELEASE FORM

In connection with my application for employment, I understand that a background investigation may be performed (including, but not limited to criminal, motor vehicle records, and credit history).

I hereby authorize and release from all liability, without reservation, \_\_\_\_\_ and/or its agents involved in gathering or furnishing all information regarding my background.

I further acknowledge that a telephone facsimile (fax) or photograph copy of this document will be as valid as the original.

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Printed Name

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Social Security Number

---

Date of Birth

---

Applicants Signature

---

Applicants Address

---

City State Zip

---

Date

## MARKETING SURVEY

How did you find out about Pelstar, LLC? (Select one)

- Television Ad
- Newspaper Ad
- Phone Book
- Internet Search
- Friend (word of mouth)
- Other

Please describe: \_\_\_\_\_

You are interested in Pelstar LLC for what purpose:

- Becoming a potential vendor
- Interested in utilizing Pelstar's services
- Employment possibilities
- Other

Please describe: \_\_\_\_\_

Pelstar, LLC appreciates your interest and feedback. Please direct any questions to Mikela Koonce, **337-856-7000**.

**P.O. Box 1005**  
Broussard, LA 70518