

NORTHSTAR MARINE SERVICES

EMPLOYMENT APPLICATION

Thank you for your interest in Northstar Marine Services. We appreciate your confidence in us, in order to be able to find you the best job possible. We at Northstar will try and locate a position with a company that will pay the fee. If that cannot be not done, it will be necessary for you to pay a placement fee. Please make sure that the following application is filled out completely and accurately. We will verify much of the information you supply on this form. Below are some points to consider as you fill out our application.

- a. Fill out all papers completely; Answer each question thoroughly and accurately.
- b. Print legibly.
- c. Sign all places requiring your signature.
- d. All telephone numbers must include area codes.
- e. Do not use abbreviations. Do not abbreviate names of companies, schools, etc.
- f. On employment history:
 - A. Use exact dates of past employment if possible. If you cannot remember the exact dates,
estimate the dates and mark it as approximated dates (i.e. approx.date).
 - B. Be sure to include complete addresses and telephone numbers.
- g. With your application, we will need copies of your diver's license, social security card, z-card, and US Coast Guard licenses and /or documents.
(Front and Back).
- h. Paycheck Release Form, Limited Power of Attorney, and Contract Agreement (last three pages) can be faxed back, but we will require the notarized originals to be mailed to:

Northstar Marine Services
P.O. Box 35069
Houston, TX 77235-0069

The contract requires only your signature, but the Paycheck Release Form and

Limited Power of Attorney **requires notarized signature.**

You may fax back your completed application to: (713)729-4302 for quicker service, however, you should put all originals in the mail to give us the clean copies to work with.

Thank you,

John W. Davis III
PHONE: (713)729-4300
FAX: (713)729-4302

NORTHSTAR MARINE SERVICES

NORTHSTAR MARINE SERVICES CONSIDERS ALL APPLICANTS FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, DISABILITY, VETERAN STATUS OR NATIONAL ORIGIN.

NAME _____ PHONE # (_____) _____

SOCIAL SECURITY # _____ POSITION APPLYING FOR _____

ADDRESS _____ CITY: _____

STATE _____ ZIP _____ Email: _____

LICENSE HELD _____ CERTIFICATION HELD _____

PLEASE CIRCLE YOUR RESPONSE

ARE YOU AT LEAST 18 YEARS OF AGE? Y N DO YOU OWN AN AUTOMOBILE? Y N

ARE YOU WILLING TO TRAVEL TO THE JOB IF SO REQUIRED? Y N

DO YOU HAVE A CURRENT DRIVERS LICENSE? Y N IF NOT PLEASE EXPLAIN WHY?

HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN A MINOR TRAFFIC VIOLATION ? Y N

IF SO PLEASE EXPLAIN.

EMPLOYMENT HISTORY

LAST EMPLOYER _____ SALARY _____

ADDRESS _____ STATE _____ ZIP _____

TELEPHONE NO# _____ SUPERVISOR _____

DATES OF EMPLOYMENT: FROM _____ TO _____
POSITION HELD _____

REASON FOR LEAVING _____

PREVIOUS EMPLOYER _____ SALARY _____

ADDRESS _____ STATE _____ ZIP _____

DATES OF EMPLOYMENT: FROM _____ TO _____ POSITION HELD _____

REASON FOR LEAVING _____

PREVIOUS EMPLOYER _____ SALARY _____

ADDRESS _____ STATE _____ ZIP _____

DATES OF EMPLOYMENT:
FROM: _____ TO _____ POSITION HELD _____

REASON FOR LEAVING _____

EDUCATION:

COLLEGE: _____

CITY _____ ST. _____

**TYPE OF DEGREE _____ DATES: _____

HIGH SCHOOL _____ YEARS ATTENDED _____

DID YOU GRADUATE: Y N *GED* Y N

LIST ANY OTHER TYPE OF SPECIAL TRAINING THAT YOU MAY HAVE HAD:

MILITARY SERVICE: _____ **DATE :** FROM: _____ TO _____

PLEASE READ AND SIGN BELOW:

I DO HEREBY CERTIFY ALL STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND ANY FALSE INFORMATION INCLUDED IN THIS APPLICATION MAY LEAD TO AN AUTOMATIC DISMISSAL OF ANY EMPLOYMENT OR JOB SEARCH WITH NORTHSTAR MARINE SERVICES.

I DO HEREBY GIVE NORTHSTAR MARINE SERVICES AND ANY OTHER ORGANIZATION ASSOCIATED WITH NORTHSTAR MARINE SERVICES PERMISSION TO DO A BACKGROUND INVESTIGATION OF THIS INFORMATION.

SIGN _____ DATE _____

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NORTHSTAR MARINE SERVICES

NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS

A consumer report and /or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and 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. Upon timely written request of the Personnel Department of the Company and within 5 days of the request, the name, address, and telephone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in 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 OBTAINING CONSUMER REPORT READ CAREFULLY BEFORE SIGNING

1. I read the above "Notice to Applicant/Employees regarding consumer report" and hereby authorize the company to obtain consumer reports and/or investigative 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 additional , detailed information about the nature and scope of any investigative report or other consumer report that made, including 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, department of motor vehicles, public agencies, financial institution, 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 mad regarding my character, experience or qualifications.

By my signature below, I acknowledge that I have read and understood all of the above statements.

Signature

Print your Name

Date

NORTHSTAR MARINE SERVICES

CONTRACT OF AGREEMENT

1. This contract is entered into by and between _____, hereinafter referred to as the applicant and Northstar Marine Services hereinafter referred to as the employment service. Acceptance means agreement by applicant with employer to begin work.

2. Should applicant accept employment with an employer to which the employment service has him/her within six (6) months from the date of referral, the applicant agrees to pay a fee for professional services rendered in accordance with the schedule contained in paragraph #4. This contract can be terminated by either party any time by written notice, but not to the detriment of any legal rights or obligations incurred prior to such termination.

3. Applicant hereby agrees to execute a pay roll check mailing agreement and a limited power of attorney authorizing the employment service to receive applicant's payroll checks, pay to itself the applicable placement fee and remit the remainder of wages to applicant as spelled out in the limited power of attorney. The professional service placement fee shall be based on the applicant's projected daily wage multiplied times 10 days. In the event I am terminated for any violation of the company policy, misrepresentation of capabilities or quitting of my own will, I understand that the remaining balance of the fee is due immediately and payable in full and /or will be taken from final paycheck..

4. The estimates of applicant's daily wage rate found herein are for the purpose of computing service charge and in no way guarantee the procured employment for a year. The fee is earned by employment service when applicant accepts employment and is payable as follows:

Terms of Payment

- a. Cash payment in full, or
 - b.

<u>Days worked</u>	<u>Days payment</u>
1 to 7	1 ½
8 to 11	2 ½
12 to 15	3

On a delivery or short-term job, fees will be negotiable.

5. Northstar Marine Services agrees that it will not under any interpretation of this contract make more than one service change for any placement.

6. The parties hereto acknowledge receipt of a copy of this contract; they have read and understand all provisions thereof and agree to abide by its terms and conditions.

Signature of Applicant

Date

NORTHSTAR INFORMATION SHEET

Position applying for: _____

Name: _____

Address: _____

Date Of Birth: _____ Place: _____

Home Phone: _____ Cell: _____

Passport Number: _____ Nationality: _____

Issued On: _____ Expires: _____

SSN: _____ Driver's License: _____

Date Expires: _____

STCW #: _____ Expires: _____

Rank: _____ Limitations: _____

Med PIC: yes / no Tankerman PIC: yes / no

MMD #: _____ Expires: _____

Please note Any other LICENSES: _____

Last Physical:

EMERGENCY INFORMATION

_____ Drug

Test: _____

Primary contact: _____ Relationship _____

Address: _____ State _____ Zip _____

PHONE: _____ C# _____

Secondary contract: _____ Relationship _____

Address: _____ State _____ Zip _____

PHONE: _____ C# _____

MUST NOTARIZE

NORTHSTAR MARINE SERVICES

**P.O BOX 35069
HOUSTON, TX 77235-0069
Phone:713-729-4300
Fax: 713-729-4302
northstar.marine@excite.com**

Paycheck Release Form

ATTN: Payroll Department

Reference: Mailing Agreement

I do hereby authorize _____, (Employer's Name) to mail my paychecks to me at:

Northstar Marine Services
P.O. Box 35069
Houston, TX 77235-0069

_____(Signature of Applicant)

_____(Please Print Your Name)

_____(Permanent Address)

_____(City, St. /Zip Code)

_____(Home Phone)

The individual herein described did properly identify himself/herself to me

this _____ day of _____ 20__

Notary Signature _____

Notary Public in and for _____ County or Parish _____

NORTHSTAR MARINE SERVICES

Known To All By These Present:

That I, Applicants Name _____

Social Security No# _____

Address: _____

City: _____ State _____ Zip code _____

Home Phone () _____ Cell #: _____

desire to execute this **Special Limited Power of Attorney**, do hereby make name, constitute and appoint Northstar Marine Services/ John W. Davis III, my true and lawful agent in fact for me in my name, place and stead to perform the following matters:

Once employment is secured through Northstar Marine Services and upon receipt of my payroll checks from the said employer, Northstar Marine Services/JohnW.Davis III will endorse and immediately deposit such checks into the account of Northstar Marine Service which is to be used for disbursement of applicant's funds and other transactions as needed.

To Northstar Marine Services accordance with terms of my applicant contract for payment of the authorized placement fee.

- 2 To myself for all amounts of wages remaining after the placement fee has been paid. Checks issued to me shall be remitted in one of the manners.

Please check one:

Hold Northstar Marine Services checks and all employer check stubs at Northstar Marine Services until I pick them up or notify you to mail them to me.

Mail issued checks from Northstar Marine Services, along with all employer check stubs to me at the address listed above

Deposit issued checks from Northstar Marine Services into my bank account of which I have supplied a deposit slip and address for my bank and send all stubs to above address. (**your bank may charge a fee**)

Witness _____

Applicant's Signature _____

Before me, the authority and in the presence of the competent witness listed above, the person whose name is subscribed to this instrument, and acknowledge to me that he executed this power of attorney for the purpose and considerations herein....

Notary Signature _____

Given under my hand and seal this _____ day of _____, 20__

Notary Public in and for _____ (county), _____ (state)

(seal)