

APPLICATION FOR EMPLOYMENT

LAREDO OFFSHORE SERVICES, INC. SEEKS TO EMPLOY THE BEST-QUALIFIED PERSONNEL WITHOUT REGARD TO RACE, COLOR, SEX, AGE (40 & ABOVE), RELIGION, CREED OR NATIONAL ORIGIN. LAREDO ALSO PROVIDES EQUAL OPPORTUNITY TO QUALIFIED VETERANS, DISABLED VETERANS, AND QUALIFIED INDIVIDUALS WITH DISABILITIES.

Applications Active For 90 Days. Resumes Not Accepted in Lieu of Completed Application. Only Completed Applications Will Be Considered.

Application For (Job Desired)	(Area Code) Telephone Number ()
Full Name (Last, First, Middle)	Social Security Number

Address (Number, City, State, Zip Code)

EMPLOYMENT HISTORY (Minimum Last 5 Years) (Use additional sheets if necessary)

Name of Company		Address	
(Area Code) Telephone Number ()		Position or Job Title	
Employed From Date Mo. Yr.	Beginning Pay Rate	Employed To Date Mo. Yr.	Ending Pay Rate
Reason for Leaving			Last Supervisor

Name of Company		Address	
(Area Code) Telephone Number ()		Position or Job Title	
Employed From Date Mo. Yr.	Beginning Pay Rate	Employed To Date Mo. Yr.	Ending Pay Rate
Reason for Leaving			Last Supervisor

Name of Company		Address	
(Area Code) Telephone Number ()		Position or Job Title	
Employed From Date Mo. Yr.	Beginning Pay Rate	Employed To Date Mo. Yr.	Ending Pay Rate
Reason for Leaving			Last Supervisor

Please Explain Any Gaps In Your Employment History:

If Presently Employed, State Reason For Desired Change:

If Presently Employed, May We Refer To Your Present Employer? YES NO

Please List Any Special Skills, Training, Or Experience Which Relate To Your Qualifications For The Position Sought:

Do You Currently Hold A Valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO	State of Issue	License Number	Date Of Expiration:
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Type of Coast Guard Licenses Held:	Do You Have A Valid Merchant Mariners Document? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Have You Ever Applied To Or Worked For Laredo Before? If YES, State Where And Dates:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Do You Have Any Relatives/Friends Employed Here? If YES, List:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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How Did You Come To Seek Employment With Laredo? (Ad, Employee, Job Service, Job Fair, Other)

Are You At Least 18 Years Old? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Less Than 18 Years Old, How Old Are You?
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EDUCATION

	Graduated	From	To	Course of Study
High School (Name and Location) or GED	<input type="checkbox"/> YES <input type="checkbox"/> NO			
College (Name and Location)	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Training Schools (Name and Location)	<input type="checkbox"/> YES <input type="checkbox"/> NO			

MILITARY SERVICE RECORD

Branch	Enlistment Date	Discharge Date	Type of Discharge

REFERENCES

List Three Persons Who Have Known You For Five Years And Whom We May Contact (Not Relatives)			
Name	Address	Telephone	Occupation

Are You a U.S. Citizen or otherwise legally eligible to work in the United States? Proof of employability (U.S. citizenship or immigration status) will be required if you are offered employment. YES NO

Have you ever been counseled, written up, or asked to resign, terminated or otherwise disciplined at a job for work habits such as tardiness, absenteeism, or unsafely performing a job? YES NO
If YES, Describe:

Have you ever worked away from home for extended periods? YES NO
If YES, Describe:

This job may require working extended shifts of 28 or more straight days. Can you meet this requirement? YES NO
If NO, Explain:

This job may require working offshore. Can you meet this requirement? YES NO
If NO, Explain:

Have you ever been convicted of a felony or a misdemeanor crime? YES NO
If YES, give the date, place, nature of conviction, and explanation of circumstances. Conviction will not necessarily disqualify you for employment.

Have you ever used illegal drugs? YES NO
If YES, When:

The essential functions of positions in the fleet may require working in extreme conditions (wind, sea conditions, rain, cold, heat, noise, fumes, confined spaces, cramped quarters); repetitive physical demands of standing, walking, lifting, and carrying weights of 50 pounds or more, pushing and pulling, climbing ladders, crawling, bending, reaching, crouching, squatting, kneeling, hearing, speaking, and seeing to USCG corrected vision requirements. Can you perform these requirements? YES NO

Date Available For Work: _____ Type of Employment Desired:
 Full-Time Part-Time Temporary Seasonal Educational Co-Op

I certify that the information on this application is true, correct and complete and I authorize the company to investigate all statements contained in this application. I understand that any misstatement or omission of fact, regardless of when discovered, may result in the rejection of my application, or if already employed, may result in termination of employment. I hereby authorize all prior employers to release information related to my employment.

I understand that any offer of employment made to me will be conditioned upon the results of a medical examination (including drug screen), which will be required by the Company. I hereby authorize the examining physician or clinic to release all information related to such medical examination to the Company.

I understand that I will be required to submit a drug and/or alcohol testing from time to time, and agree and consent to such testing as may be required by the Company as a term and condition of employment. I further authorize the release of the results of such tests to the Company.

I understand that if employed, my employment will be for an indefinite period of time, and that I may terminate my employment at any time for any reason, and the Company may do likewise. I further understand that no representative of the Company has authority to enter into any agreement to the contrary, unless such agreement is in writing and is signed by the President of the Company.

I understand that all offers of employment are subject to satisfactory completion of a company physical, passing drug screen and signing a mediation and forum selection agreement.

Applicant's Signature

Date

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 phone 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 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 OBTAINING CONSUMER REPORTS **READ CAREFULLY BEFORE SIGNING**

1. I have read the attached "NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS" 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 reports that are 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, departments of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me 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 understood all of the above statements.

Print your name

Signature

Date

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C.SS 1681 - 1681U, at the Federal Trade Commission's Web site ([HTTP://WWW.FTC.GOV](http://www.ftc.gov)) the FCRA gives you specific rights as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's to which it has provided data of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old: ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information (defined as information obtained "from licensed physicians or medical practitioners, hospitals, clinics or other medical or medically related facilities.) A CRA may not give out information about you to your employer or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending your unsolicited offers of credit or insurance. Such offers must include a toll free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

For questions or concerns regarding:

Please contact:

CRA's, creditors and others not listed below.

Federal Trade Commission
Consumer Response Center - FCRA
Washington, DC 20580
202-326-3761

National Banks, Federal Branches, Agencies of foreign banks (word "national" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency Compliance Management,
Mail Stop 6-6
Washington, DC 20219
800-613-6743

Federal Reserve System Member Banks (except national banks, and federal of foreign banks)

Federal Reserve Board
Division of Consumer & Community Affairs branches / agencies
Washington, DC 20551
202-452-3693

Savings Associations and Federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552
800-842-6929

Federal Credit Unions (Word "Federal Credit Union" appear in Institution's name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
703-518-6360

State Chartered Banks that are not members of the federal reserve

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs system.
Washington, DC 20429
800-934-FDIC