

**\*MANDATORY PHYSICALS & DRUG SCREENS ARE REQUIRED FOR ALL HIRES!**



Application for Employment

New Century Fabricators  
2904 W. Old Spanish Trail  
PO Box 9488 New Iberia, LA 70560  
(337)365-9408  
(337)365-7525 FAX

DATE OF APPLICATION: \_\_\_\_\_

NAME \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip

PERMANENT ADDRESS \_\_\_\_\_  
Street City State Zip

HOME PHONE # \_\_\_\_\_ 2<sup>ND</sup> PHONE # \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER?  YES  NO

HOW DID YOU FIND OUT ABOUT THIS JOB OPENING? \_\_\_\_\_

EMPLOYMENT DESIRED  LAND  OFFSHORE  CONTRACT DAY  NIGHT

**POSITION YOU ARE APPLYING FOR (SELECT ALL THAT APPLY)**

- Superintendent
- Shop Foreman
- Paint Foreman
- Welder: Pipe  Structure  Vessel  Aluminum  Stainless
- Fitter: Pipe  Structure  Vessel
- Rigger
- Crane Operator
- Painter/ Blaster
- Other \_\_\_\_\_

If you are a welder, please circle all of the following certifications that apply

- TIG (GTAW)                      Stick (SMAW)                      Flux Core (FCAW)
- Mig (GMAW)                      Sub-Arc (SAW)                      Other \_\_\_\_\_

If you are applying for offshore, please circle all of the following safety certifications that apply:

- SAFEGULF Expires \_\_\_\_\_ Water Survival Expires \_\_\_\_\_
- RIGGING Expires \_\_\_\_\_ Confined Space Expires \_\_\_\_\_
- H2S Expires \_\_\_\_\_ Hydraulic Crane Expires \_\_\_\_\_
- FALL PROTECT Expires \_\_\_\_\_ SEMS AWARENESS Expires \_\_\_\_\_

Other Safety Training or Certifications (Please List) \_\_\_\_\_

Special Skills or Training \_\_\_\_\_

US MILITARY OR NAVAL SERVICES

Branch \_\_\_\_\_ Highest Rank Earned \_\_\_\_\_ Date Served \_\_\_\_\_

**FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.)**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE?  YES  NO  
 \*\*\*HOW MANY YEARS HAVE YOU BEEN PERFORMING THIS TRADE?\*\*\* \_\_\_\_\_

**REFERENCES: Give the names of three persons not related to you, who have worked with you.**

1	NAME	ADDRESS	BUSINESS	YEAR(S) ACQUAINTED
2				
3				

**IN CASE OF EMERGENCY NOTIFY:**

NAME RELATIONSHIP ADDRESS PHONE NO.

**THE FOLLOWING SECTION MUST BE COMPLETED BY ALL OFFSHORE APPLICANTS:**

How long have you been working offshore? \_\_\_\_\_

Please list the 3 most recent oil companies that you have worked for offshore and how long you worked with them.

Company	Time Period for that Customer
1. _____	
2. _____	
3. _____	

**NEW CENTURY FABRICATORS HAS A ZERO TOLERANCE POLICY FOR DRUG ABUSE. ALL OFFSHORE HANDS ARE SUBJECT TO PERIODIC DRUG SCREENS AND MAY BE ENTERED INTO THE DISA DRUG TESTING PROGRAM.**

I AUTHORIZE THE COMPANY TO VERIFY ALL STATEMENTS CONTAINED IN THIS APPLICATION AND TO MAKE NECESSARY REFERENCE CHECKS EXCEPT AS LIMITED ABOVE FOR PRESENT EMPLOYER.

I UNDERSTAND EMPLOYMENT IS CONTINGENT UPON MEETING THE PHYSICAL REQUIREMENTS OF THE JOB AND SATISFACTORY RESULTS FROM A PRE-EMPLOYMENT DRUG SCREEN. I ALSO UNDERSTAND THAT, IF EMPLOYED, I MAY BE REQUIRED TO UNDERGO DRUG SCREENS AT THE COMPANY'S DISCRETION.

IN THE EVENT OF MY EMPLOYMENT, I WILL FURNISH PROOF OF MY IDENTITY; PROOF OF U.S. CITIZENSHIP OR OTHER PROOF THAT I MAY LEGALLY ACCEPT SUCH EMPLOYMENT; AND PROOF OF DATE OF BIRTH. AT THE COMPANY'S REQUEST, I WILL ALSO FURNISH MILITARY DISCHARGE FORMS, IF APPLICABLE, AND APPROPRIATE ACADEMIC TRANSCRIPTS.

I CERTIFY THAT ALL INFORMATION PROVIDED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I AGREE THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED IMMEDIATELY.

IF EMPLOYED BY THE COMPANY, I AGREE TO CONFORM TO THE COMPANY'S RULES, POLICIES AND REGULATIONS. IF EMPLOYED BY THE COMPANY, I UNDERSTAND THAT MY EMPLOYMENT IS FOR NO SPECIFIED TERM, AND THAT MY EMPLOYMENT AND COMPENSATION MAY BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF EITHER THE COMPANY OR MYSELF.

I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO AN AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_



**AUTHORIZATION & RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT  
(PLEASE PRINT OR TYPE)**

I, the undersigned consumer, do hereby authorize **New Century Fabricators, Inc.**, its affiliates and **INTREPID SECURITY GROUP, LLC** ("ISG") to procure a consumer report and/or investigative consumer report on me for the purpose of employment screening or for determining continued employment. I hereby declare that the answers to the questions on this application are correct and that any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by **New Century Fabricators, Inc.**

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **New Century Fabricators, Inc.**, by and through **ISG** including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I have been advised and understand that under the provisions of the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., that any person who produces or causes to be prepared an investigative consumer report on any consumer, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection (a) (1) of section 1681d, shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I understand that proper identification will be required and that I should direct my requests to the company listed below in order to request a copy of my consumer report.

**ISG, P.O. Box 61987, Lafayette, Louisiana 70596, 866-936-7569; [switchboard@intrepid-security.com](mailto:switchboard@intrepid-security.com)**

I hereby release and agree to hold harmless, **New Century Fabricators, Inc.**, **ISG** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment can be terminated based on any false, omitted or fraudulent information.

**If applying for employment in California, Minnesota, Oklahoma, Alaska or New York:**  
**I would like a copy of any consumer report regarding me.  YES  NO**

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

Legal Printed Name: \_\_\_\_\_  
First Middle (full) Last Suffix

Other Names / Aliases or Maiden: \_\_\_\_\_

Social Security \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Gender\* \_\_\_\_\_

Driver's License \_\_\_\_\_ State of Issuance \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please provide your addresses for the last (7) years. State of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State/Zip

Former Address: \_\_\_\_\_  
Street City State/Zip

Former Address: \_\_\_\_\_  
Street City State/Zip

- Have you ever been arrested, convicted or adjudicated of a crime? Yes\_\_\_ No\_\_\_
- Have you ever been convicted in a military court martial? Yes\_\_\_ No\_\_\_
- Have you ever been sanctioned or had your license suspended or revoked? Yes\_\_\_ No\_\_\_
- Are you currently under any investigation or pending charge? Yes\_\_\_ No\_\_\_

**Answering Yes to any of the above questions DOES NOT automatically disqualify you from employment.**