

WORK EXPERIENCE

Starting with most recent employer, please list every job you have held during the past ten years. Give accurate dates of employment and specific reasons for leaving each such employment. You should include any military experience that is relevant to the position for which you are applying.

Company Name Address

Supervisor's Name/Job Title Supervisor's Telephone Number

Date Employed From Date Employed To Ending Annual Salary Reason For Leaving (Full Description)

Job Title and Description (Give full description of duties, responsibilities and equipment used)

Company Name Address

Supervisor's Name/Job Title Supervisor's Telephone Number

Date Employed From Date Employed To Ending Annual Salary Reason For Leaving (Full Description)

Job Title and Description (Give full description of duties, responsibilities and equipment used)

Company Name Address

Supervisor's Name/Job Title Supervisor's Telephone Number

Date Employed From Date Employed To Ending Annual Salary Reason For Leaving (Full Description)

Job Title and Description (Give full description of duties, responsibilities and equipment used)

Company Name Address

Supervisor's Name/Job Title Supervisor's Telephone Number

Date Employed From Date Employed To Ending Annual Salary Reason For Leaving (Full Description)

Job Title and Description (Give full description of duties, responsibilities and equipment used)

EMPLOYMENT REFERENCES

(Refer to people familiar with your work performance or academic background.)

Name	Telephone Number
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Address	City	State
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Company/Position	Number of Years Acquainted
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Name	Telephone Number
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Address	City	State
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Company/Position	Number of Years Acquainted
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Name	Telephone Number
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Address	City	State
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Company/Position	Number of Years Acquainted
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WORK PREFERENCE

How did you become aware of this opening?	Specific Position/Job Desired?	Referred by:
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Location Preference	Minimum Wage/Salary Requirements	Date available to start?
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TECHNICAL SKILLS

(Indicate experience or training with the equipment or activities listed below, as applicable to the position applied for.)

OTHER INFORMATION

May we contact your present employer for a reference?

Yes No If no, why? _____

Were you ever discharged or requested to resign a position?

Yes No If yes, please explain? _____

When required by job, are you willing to work rotating shifts?

Yes No If no, why not? _____

Have you ever been convicted of a felony?

Yes No If yes, indicate dates, location and disposition. _____

A "yes" answer does not automatically disqualify you from employment.

Island Operating Company, Inc. and its affiliates are equal opportunity employers. The Company recruits, hires, trains and promotes into all job levels the most qualified applicants without regard to race, color, religion, sex, age, marital status, national origin, disability or veteran status. All such decisions are made by utilizing objective standards based on the individual's qualifications as they relate to the particular job vacancy and to the furtherance of an equal employment opportunity.

APPLICANT'S STATEMENT AND AGREEMENT

I fully understand and agree that all statements made herein are subject to investigation and confirmation by Island Operating Company and that, if any such statement made by me is either a misrepresentation or false or misleading in any way, or if I have omitted any fact which makes this application false or misleading, such conduct shall constitute just and sufficient cause for refusal of employment or immediate discharge from employment at any time after discovery is made by Island. I further understand that the foregoing conditions apply to information included or omitted from any resume which I have submitted.

All employees of Island are subject to drug testing through lab analysis of urine samples. These tests include: pre-employment, random, post accident, return-to-duty and reasonable cause. In applying for employment, I understand that I may have to undergo a physical examination and pre-work screen as a requirement of such employment. I understand that a urine screening test to determine the presence of certain drugs will be included in the physical examination. I further understand that a positive test of drugs may result in a rejection from further consideration for employment by Island. I also understand that if the drug screening test is positive, I will be confidentially notified of the results. I recognize that any falsification, misstatement or evasion made by me in connection with my physical examination and medical history will subject me to discharge any time after discovery. I understand that this is not the Safety and Substance Abuse Policy rather only an excerpt from that policy. I understand that I must also read and sign Island's Safety and Substance Abuse Policy.

I authorize all persons, schools, current employer, previous employers, and organizations named in this application or provided by me to the company to provide the company with any relevant information that may be requested by the company. I also hereby release all parties seeking and providing information from any and all liability or claims for damages whatsoever may result from this information's release, disclosure, maintenance or use.

I fully understand that all employees of a privately owned company such as Island are at all times to conform to the highest standards of honesty, integrity and security for the protection of the owner and customers of Island. I agree to observe fully all Company policies, practices and procedures currently in existence and new and revised ones, which may be issued in the future.

I hereby agree that should I be employed by Island either in the position applied for or in some other position now or hereafter, such employment may be terminated by Island at any time, without liability to me for wages or salary, except such as may have been earned at the time of such termination.

I understand that if I am hired, Island will require me to submit documents as prescribed by the Immigration Reform and Control Act of 1986, which verifies my eligibility to be employed in the U.S.

Applicant understands the nature of the work of Island Operating Company which may necessitate relocation and/or change in pay rate from time to time.

My signature confirms I have read, fully understand and agree to comply with all conditions stated above.

SIGNATURE

WITNESS

DATE

WITNESS

Island Operating Company, Inc.

APPLICANT DATA RECORD

Government Agencies require reports on status of applicants. This data is for analysis and Affirmative Action only. Submission is voluntary. Refusal to provide this information will not subject you to adverse treatment. We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, veteran status, sexual-orientation or any other classification protected by Federal, state, or local law. This data is for compliance with Government Regulations only, and will be kept in a Confidential File separate from the Employment Application.

Section 1: General Applicant Information

(PLEASE PRINT)

DATE _____ POSITION APPLIED FOR _____

Name _____ Phone (____) _____
Last First Middle Area Code + Seven Digit #

Address _____
Street City State Zip Code

Section 2: Affirmative Action Survey

Government agencies require us to monitor the sex, and ethnicity of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Check one of the following:

Race/Ethnic Group:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino)** - All persons who identify with more than one of the above races.

**REQUEST FOR DOT DRUG AND ALCOHOL TESTING INFORMATION
FROM PREVIOUS EMPLOYER**

PLEASE RETURN TO:

COMPANY: **ISLAND OPERATING COMPANY, INC.**

ADDRESS: **P.O. BOX 61850**

CITY, ST. ZIP: **LAFAYETTE, LA 70596** PHONE: **337-233-9594**

ATTENTION: **Nerrisa Giron** FAX: **337-235-9657**
(Name of individual requesting information)

APPLICANT NAME: _____ **SSN:** _____

I hereby authorize _____

(Previous employer's name and phone number)

to release information from my Department of Transportation regulated drug and alcohol testing records to the individual and company listed at the top of this form. This is limited to the following DOT-regulated testing items: (1) Alcohol tests with a result of 0.04 or higher; (2) Verified positive drug tests; (3) Refusals to be tested; (4) Other violations of DOT agency drug and alcohol testing regulations; (5) Information obtained from previous employers of a DOT drug and alcohol rule violation; and (6) Documentation, if any, of completion of the return-to-duty process following a rule violation.

SIGNED: _____ **DATE:** _____
(Signature of employee)

WITNESS: _____ **DATE:** _____

Previous employer must supply the following information regarding the above named individual during the past two years while employed to perform DOT covered safety sensitive functions: **(3 years for FMCSA)**

	<u>YES</u>	<u>NO</u>
1. Alcohol tests with a result of 0.04 or higher alcohol concentration?	()	()
2. Verified positive drug tests?	()	()
3. Refusals to be tested (including verified adulterated or substituted drug test results)?	()	()
4. Other violations of DOT agency drug and alcohol testing regulations?	()	()
5. Did a previous employer report a drug or alcohol rule violation to you?	()	()
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process?	()	()

SIGNED: _____ **DATE:** _____
(Signature of individual supplying information)

If the answer to item #5 is "yes", then you must provide the previous employer's report even though it may be outside the two (**three for FMCSA**) year time period. If you answered "yes" to item #6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing records, etc.). If you referred the individual to a Substance Abuse Professional please supply the following information.

NAME of SAP: _____

ADDRESS: _____

CITY, ST. ZIP: _____ PHONE: _____