

# APPLICATION FOR EMPLOYMENT



**Teichman Group, LLC.**  
 9723 Teichman Road  
 Galveston, TX 77554 U.S.A.  
 Phone: 409-744-1222  
 Fax: 866-238-8770  
 www.teichmangroup.com

*Teichman Group, LLC.\* is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability, or other characteristics protected by law.*

Date:

Name:			
Address:			
City/State:		Home Phone:	
Zip/Postal Code:		Cell Phone:	
SS Number:		E-mail Address:	

Position(s) Applied for:	
Salary Desired:	
When available to begin work?	

Are you 18 years of age or older?  YES  NO

If hired, can you provide documents required to establish your eligibility to work in the U.S.?  YES  NO  
 (We E-Verify upon hire)

Hours Available to Work:

Monday - Friday	
Saturday - Sunday	

Full-Time  Part-time  Temporary

Are you available for overtime (weekends/holidays/nights)?  YES  NO

Have you worked for T&T Marine, T&T Marine Salvage, T&T Offshore, T&T Salvage, T&T Subsea or CGAS before?  YES  NO

If so, under what circumstances did you leave:			
How where you referred to Teichman Group, LLC.:			
Have a valid Drivers License?	<input type="checkbox"/> YES <input type="checkbox"/> NO	License #/State	Expires:
Have you had any accidents in the past 3 years?		<input type="checkbox"/> YES <input type="checkbox"/> NO	How many?
Do you had any moving violations in the past 3 years?		<input type="checkbox"/> YES <input type="checkbox"/> NO	How many?

If hired, would you have transportation to and from work?  YES  NO

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic ticket?:  YES  NO

If yes, please explain in detail and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Are you able to perform the essential functions of the job for which you applying for, either with or without reasonable accommodation? If no, describe the functions that cannot be performed below  YES  NO

Teichman Group, LLC. complies with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

If hired, are you willing to submit to and pass a controlled substance test (drug and alcohol)?  YES  NO

Do you have a valid Transportation Worker Identification Credential (TWIC) card?  YES  NO

Do you have a valid Passport?  YES  NO

\* The entities administered by Teichman Group, LLC are T&T Marine Inc., T&T Marine Salvage, Inc. T&T Offshore, Inc., T&T Salvage, T&T Subsea, RT Aviation, CGAS, LLC.

## Application for Employment

### Education

Type of School	Name of School and Location	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

#### Training/Certifications:

- First Aid/CPR/AED**     YES     NO  
**HAZWOPER**         YES     NO  
**Forklift Operations**     YES     NO  
**Crane Operations**     YES     NO  
**Hazardous Materials**     YES     NO  
**ADCI**               YES     NO  
**Fire Fighting**         YES     NO  
**Steersman License**     YES     NO  
**Mate Pilot License**     YES     NO  
**Captains License**     YES     NO

Where/When	
Where/When	
Where/When	
Where/When	
Where/When	
Type/Expires	
Where/When	
Expires	
Type/Expires	
Type/Expires	

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying or list any additional training/certifications that you may have:

### Previous Employment

**1.**

Name of Employer:			
Name of last supervisor:		Phone #:	
Complete Address:			

<b>Dates of employment:</b>		<b>Salary:</b>	
From:		To:	
From:		To:	

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  YES     NO

# Application for Employment

## Previous Employment

**2.** Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Last job title: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

\_\_\_\_\_

May we contact your employer:  YES  NO

## Previous Employment

**3.** Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Last job title: \_\_\_\_\_

Reason for Leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

\_\_\_\_\_

May we contact your employer:  YES  NO

## Please list two (2) references other than relatives and previous employers

Name	_____	_____
Position	_____	_____
Company	_____	_____
Telephone	_____	_____

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

\_\_\_\_\_

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that my employment is at-will, meaning that I or my employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I understand that I have not purposely withheld information that might adversely affect my chances for hiring. I attest to the fact that my answers given by me are true and correct. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure my employment can be grounds for rejection of application or, if I am employed by the Company, grounds for immediate termination, regardless of the time elapsed after discovery.

I authorize Teichman Group to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release Teichman Group and its representatives or agents, from any and all liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the successful completion of a drug and/or alcohol test is a condition of employment. I understand that if employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. I understand that the Teichman Group participates in E-Verify.

I understand that this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true.

I hereby acknowledge that I have read and agree to the above statements.

Printed Name: \_\_\_\_\_

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

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

**PLEASE COMPLETE THE EMPLOYMENT APPLICATION INITIAL EACH PAGE, DATE, SIGN, AND RETURN VIA:**

**FAX:** 866-238-8770  
**EMAIL:** supchurch@teichmangroup.com  
**MAIL:** 9723 Teichman Road  
Galveston, Texas 77554

**DO NOT WRITE BELOW: FOR INTERNAL HR USE ONLY**

Position Accepted:  Hiring Company:



**NOTICE TO APPLICANTS AND EMPLOYEES  
REGARDING CONSUMER REPORTS**

A consumer report containing information concerning your employment history, criminal records and motor vehicle record may be obtained in connection with your application for and/or continued employment with any Teichman Group, LLC Company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made.

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.

To ensure full compliance with the 1997 Fair Credit Reporting Act and to facilitate easy access to the information necessary, please read and sign this form. A copy of the act may be obtained by writing to:

**Division of Credit Practices  
Bureau of Consumer Protection  
Federal Trade Commission  
Washington, D.C. 20580**

**CONSENT TO OBTAIN CONSUMER REPORTS  
*Please read carefully before signing.***

I, \_\_\_\_\_, authorize First Advantage, or other company, and all state specific departments of motor vehicles to release all written and verbal information about me regarding my driving record to any Teichman Group, LLC Company. I release and agree to hold each Company, including, Teichman Group, LLC, from all liability and responsibility for doing so.

I specifically understand and authorize the procurement of an investigative consumer credit report (especially a motor vehicle report or MVR) and understand that it may contain information about my background, character, general reputation, and personal characteristics.

This release, in original or copy form is valid now and throughout my employment with any Teichman Group, LLC Company. I agree with all the provisions shown on this disclosure form and have been provided a copy of the disclaimer.

Printed Name: \_\_\_\_\_

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

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