



SEACOR Marine

Sail with an Industry Leader

Join our professional team of mariners on one of the world's largest fleets of offshore marine support vessels, serving the global offshore oil and gas exploration and production industry. SEACOR Marine is founded on the important principles of safety, service excellence and protection of the environment and property.

SEACOR Marine strives to employ qualified, safety-minded individuals and continuously offers training and advancement opportunities to our employees. We have built a solid reputation as a strong competitor and our people are a primary reason for our success. Fundamental to everything we do is our commitment to valuing the talents of each individual and harnessing the combined strength of our diverse work force around the world. The people of SEACOR Marine are committed to this partnership and are the cornerstone of SEACOR Marine's overall success.

If you are interested in sailing with a steady schedule in a professional fleet and are committed to safety and service excellence, we welcome you to explore the career opportunities and benefits that SEACOR Marine has to offer on our website of www.seacormarine.com, where this application may also be completed.

SEACOR Marine is among the leading providers of global marine and support transportation services to offshore oil and gas exploration, development and production facilities worldwide. SEACOR Marine currently operates a diverse fleet of offshore support and specialty vessels that deliver cargo and personnel to offshore installations; handle anchors and mooring equipment required to tether rigs to the seabed; tow rigs and assist in placing them on location and moving them between regions; and carry and launch equipment used underwater in drilling and well installation, maintenance and repair. Additionally, SEACOR Marine's vessels provide accommodations for technicians and specialists, and provide safety support and emergency response services.

SEACOR Marine is publicly traded on the New York Stock Exchange (NYSE) under the symbol SMHI.

How to Apply

Complete the attached application forms by entering ALL the information requested. Be sure to initial or sign where required. If there are any spaces that are not completed, the application may be considered invalid. Completion of the Voluntary Information is voluntary. The application may be scanned and emailed to kdufrene@seacormarine.com, faxed to 985-858-6565, or mailed to the address below.

SEACOR Marine - HR Department
7910 Main St., 2nd Floor
Houma, LA 70360

Qualifications

Our minimum qualifications for all offshore positions are a valid driver's license, a high school graduate or GED, a Transportation Worker Identification Card (TWIC) or the ability to obtain a TWIC upon employment for the entry-level deckhand position, pass the USCG Merchant Mariner Physical and a DOT drug screening.

Additional documentation is required for further positions requiring USCG licenses, merchant marine document, STCW endorsement or other relevant certifications. Position qualifications are outline on our website of www.seacormarine.com.

Information for the New Mariner

A new mariner employed by SEACOR Marine would become a crewmember aboard an offshore vessel in the Gulf of Mexico. While working in this unique working environment, the mariner may be assigned to a vessel for extended periods of time. The most common schedule aboard our vessels is 28 days on and 28 days off, but we do have vessels with other schedules.

At times weather conditions will be difficult. Over time, the mariner would encounter varying weather conditions with seas being calm to rough and temperature ranges typical of the seasons. Motion sickness may occur.

The mariner must prepare for life at sea. This involves extended time away from family, friends and loved ones. There are times when many days may go by before having the opportunity to make contact with home. The mariner must ask himself/herself if they and their family can adapt to these conditions.

A new mariner's initial assignment would be to complete a training program, which has two main objectives. First, it is designed to loosely simulate life on board a vessel under which the mariner will be required to work. Secondly, it is designed to provide the mariner with valuable knowledge and training, necessary to enable the mariner to carry out his/her duties in a safe and efficient manner. Additional information regarding this training is available on our website www.seacormarine.com.

A new mariner would be hired as a Deckhand or as an Ordinary Seaman if they have obtained their Merchant Marine Document. Deckhands have little or no previous experience and their main duties consist of housekeeping, general maintenance, loading or off-loading cargo, watch keeping and contributing to the safe navigation of the vessel. A deckhand is encouraged to get their merchant marine document (MMD, commonly referred to as a "Z" card) in order to work on larger vessels. Information on obtaining an MMD is available at www.uscg.mil/nmc.

A minimum qualification to be retained in any position on a vessel including the position of deckhand is to obtain a Transportation Workers Identification Card (TWIC). Information on the TWIC can be obtained from the website www.tsa.gov/twic.

Advancement is encouraged, and we provide eligible employees with training assistance to help them achieve their goals. It usually takes a Deckhand, with no previous knowledge, approximately six months to advance to an Unlicensed Engineer position if he/she is willing to dedicate their time to learning the engine room.

All Vessels are supplied with bed linens, blankets, pillows, laundry detergent, bleach, toilet tissue and soap. The following are items a new mariner would need to acquire:

- Pair of Steel Toed Work Shoes or Work Boots
- Pair of Steel Toed Rubber Boots
- Slicker Suit (Rain Suit, top and bottom)
- Personal Toiletries and Sanitation Items
- Tobacco products to last longer than the entire work hitch
- Cellular phone, phone card, envelopes, stamps or other means of staying in touch with family and friends

Personal supplies that consist of creams, powders or prescription medications must be approved by the vessel Captain and the Safety Department.



To Applicant: You must personally complete the application for it to be considered. Applications are considered effective for 12 months. Thereafter you must personally renew the application to be considered for employment.

ALL APPLICANTS	
NAME IN FULL (FIRST MIDDLE LAST)	SOCIAL SECURITY NUMBER
Have you ever used another name and/or Social Security Number? If so, please explain:	
CURRENT ADDRESS: Number and Street	City State Zip
PERMANENT ADDRESS: Number and Street	City State Zip
PRIMARY TELEPHONE NUMBER: Home or Cellular: () - <small>Circle one</small>	ALTERNATE TELEPHONE NUMBER: Home or Cellular: () - <small>Circle one</small>
EMERGENCY CONTACT AND RELATION: PHONE NUMBER: () -	Email Address:
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	DL#: State of Issue:
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not a U.S. Citizen, do you possess a valid visa or alien registration card permitting you to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Visa or Alien Card Number: Expiration Date:	
Position Applying For:	How Did You Hear About SEACOR Marine? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> School <input type="checkbox"/> On My Own <input type="checkbox"/> Employee <input type="checkbox"/> Agency <input type="checkbox"/> Dept. of Labor Name of Employee: <input type="checkbox"/> Other:

CLERICAL AND SECRETARIAL APPLICANTS ONLY
Please list knowledge and experience with the following: Word Processing _____ Typing Speed _____ Shorthand/Speedwriting _____ Calculator _____ Switchboard-No. of Lines _____ List any computer software packages you have used, such as a particular word processing program, Microsoft Office programs, and etc. _____

PROFESSIONAL, TECHNICAL, ADMINISTRATIVE, OR MANAGERIAL APPLICANTS ONLY
List any specialized training or experience or related noteworthy accomplishments: _____ _____ _____

OFFSHORE WORKERS ONLY
Please check all that apply: <input type="checkbox"/> DP Induction <input type="checkbox"/> DP Certificate – Limited <input type="checkbox"/> DP Advanced <input type="checkbox"/> DP Certificate – Full

Important! List information requested on your last four (4) employers starting with the most recent. Please, DO NOT write "See Resume"

Company:	Address:	Type of Job or Job Title:	Date Started:	Date Ended:
Phone Number:		Supervisor:	Reason for Leaving:	
		Pay Rate:		
Company:	Address:	Type of Job or Job Title:	Date Started:	Date Ended:
Phone Number:		Supervisor:	Reason for Leaving:	
		Pay Rate:		
Company:	Address:	Type of Job or Job Title:	Date Started:	Date Ended:
Phone Number:		Supervisor:	Reason for Leaving:	
		Pay Rate:		
Company:	Address:	Type of Job or Job Title:	Date Started:	Date Ended:
Phone Number:		Supervisor:	Reason for Leaving:	
		Pay Rate:		

EDUCATION	YEARS ATTENDED	MAJOR	DID YOU GRADUATE?	DEGREE CONFERRED
HIGH SCHOOL:		N/A		N/A
COLLEGE:				
VOCATIONAL: (MARITIME)				
OTHER:				

Transportation Worker Identification Card (TWIC) Card Number: _____		Expiration Date: _____
USCG License Type: _____	Date Issued: _____	Passport #: _____
USCG License #: _____	Port of Issue: _____	FCC License Type and #: _____
Merchant Seaman's ID #: _____		Place of Issue: _____
Merchant Seaman's Rating: _____		Renewal Date: _____

Please list knowledge and experience with the following:
Microsoft Office Programs: <input type="checkbox"/> Access <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint
List any computer software packages/programs you have used, such as a particular word processing program, etc.:

List any specialized training, experience, and/or noteworthy accomplishments:



Have you previously applied for employment here? Yes No If yes, when? _____

Have you previously been employed by this Company or any of it's subsidiaries? Yes No If yes, when _____

Any relatives or friends employed by Seacor Marine? Yes No Who? _____

Following an official offer of employment, you will be required to submit to a drug screen. Place your initials in box for acknowledgement.

PLEASE READ THE FOLLOWING CAREFULLY

I declare that the answers to the questions in this application are correct and acknowledge that any misstatement of fact or omission will be cause for rejection of my application for employment or later discharge. I authorize the company to contact any of my previous employers as well as any reference source in order to verify the facts and information. I have furnished regarding my character. I hereby authorize any person(s) having knowledge thereof to provide such information to the company, and I hereby release from liability and agree to hold harmless any person that furnishes such information in faith. I agree that I will submit to a urinalysis, breathalyzer and/or blood test requested by the company as a condition of my prospective employment. If accepted for employment, I authorize the company to supply my employment record in whole or part and in confidence to any employer, insurance agency, or other party with a legal and proper interest, and hereby release the company from any liability and agree to hold harmless any employee of the company who furnishes such information. I further understand that my prospective employment is for no fixed time and may be discontinued with or without case or notice by the company or myself. I understand that no employee or officer or agent of the company may bind the Company by oral or printed statements, including handbooks, benefit books, or bulletins, contrary to the above. Finally, I understand that no unauthorized alcohol, drugs, or firearms are permitted on company premises, and that either being under the influence or illicit drugs or having identifiable traces of them in my system during working hours is strictly prohibited. If medication is prescribed by a doctor, I am required to notify management, in writing, of the specific medical problem and the exact drug that has been prescribed, immediately upon reporting to work.

NOTICE: The Company has a policy prohibiting the possession, distribution, use, consumption, or being under the influence of illegal or unauthorized alcohol or drugs (synthetics, designers, etc.) and other harmful substances in order to provide a safe and healthful environment for the firm's employees, visitors, and other personnel. You will be dropped from consideration of employment with the company if the results of your urine drug screen indicate that you are applying for a job while you are using any of the above-mentioned illegal or unauthorized substances. The United States Coast Guard will be notified of all licensed personnel testing positive in the drug screen! (The applicant may choose to have a second set of tests performed on the same positive urine sample; however, the second test must be paid for by the applicant and requested in writing within 24 hours after being disqualified.)

Under provisions of the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681, et. seq. notice is hereby given that a consumer report of investigative consumer report may be made which may include information as to your credit worthiness, character, general reputation, personal characteristics, and mode of living, which will be used for employment purposes.

You are further advised that, under the FCRA, any person, (i.e. the Company), who procures or causes preparation of an investigative consumer report on any consumer, (i.e. applicant), shall upon written request made by the consumer within a reasonable time after receipt of the disclosure required by subsection 1681 (d) 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 5 days after the date on which such request was received from the consumer or such report was first requested, whichever is the latter.

You are further advised that if you are denied employment, either wholly or partly, because of information contained in consumer report as that term is defined in the FRCA, before making a decision, that a disclosure will be made to you as set forth in the accompanying notice.

If you have any questions whatsoever about the information on this application form you should ask the company representative now, before signing it.

I have carefully read the information on this form, realize I had the opportunity to ask questions about it, and understand what it means.

I hereby certify that the questions on this application have been answered truthfully and understand that any false representation will result in discharge.

Signature of Applicant

Date

NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS

A consumer report containing information concerning your employment history, criminal records, and motor vehicle records may be obtained in connection with your application for and/or at various times within the company's sole discretion during 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.

Before any adverse actions 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, and 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

I HAVE READ THE ATTACHED "NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS" AND HEREBY AUTHORIZE THE COMPANY TO OBTAIN CONSUMER REPORTS AS DESCRIBED.

PRINT YOUR NAME

SIGNATURE

DATE

Invitation to Self-Identify for Applicants

This company is a federal government contractor subject to Executive Order 11246, as amended, which requires Government contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. We are therefore requesting information about the race and sex of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

This company is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, which requires Government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, recently separated veterans¹, other protected veterans², and Armed Forces service medal veterans. If you are a recently separated veteran, other protected veteran, or Armed Forces service medal veteran, and would like to be considered under the affirmative action program, please tell us. You may inform us of your desire to benefit under the program at this time or at any time in the future.

Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, and Executive Order 11246, as amended. ***This information will be maintained separately from your application for employment.***

Applicant Name: _____ Date: _____
 Position Applied For: _____

1. Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
2A. Ethnicity: Are you Hispanic or Latino?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2B. Race: If you answered "No" to question 2A, please respond below:		
<input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino)	<input type="checkbox"/> Black or African American (not Hispanic or Latino)	<input type="checkbox"/> White (Not Hispanic or Latino)
<input type="checkbox"/> Asian (not Hispanic or Latino)	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)
3. Veteran Status:	<input type="checkbox"/> Recently Separated Veteran ¹	<input type="checkbox"/> Armed Forces service medal veteran
		<input type="checkbox"/> Other Protected Veteran ²

I have read the invitation above and prefer not to respond at this time.

¹ *Recently separated veteran* means any veteran during the **three-year** period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

² *Other protected veteran* means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.