



**INDEPENDENT**  
OFFSHORE ★ ONSITE ★ SERVICES

# Job Application

Rev. 3-19-26

**Independent Onsite Services of LA**  
9868 E Main St  
Houma, LA 70363

Date of Application \_\_\_\_\_

### Position(s) Applying For

E-mail applications to- Applicants@independentos.com

- |   |   |
|---|---|
| <input type="checkbox"/> Rigger / Helper    | <input type="checkbox"/> Welder, Structural |
| <input type="checkbox"/> Fitter, Structural | <input type="checkbox"/> Welder, Pipe       |
| <input type="checkbox"/> Fitter, Pipe       | <input type="checkbox"/> Operator, Forklift |
| <input type="checkbox"/> Foreman/Lead       | <input type="checkbox"/> Other:             |

### Personal Information

Full Name \_\_\_\_\_

Email Address \_\_\_\_\_

Are you at least 18 years of age?

Yes

No

Are you legally authorized to work in the United States?

Yes

No

(If hired, proof of eligibility will be required.)

### Availability

Date available to start:

Desired Wage:

Can you work weekends?

Yes

No

Shift preference?

Days

Nights

Any

### Education & Training

School Name & Location

Years Attended

Graduated (Yes/No)

High School \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trade/Vocational \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other (e.g. Welding School) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Certifications (List all that apply)

OSHA 10/30 - Hour Exp: \_\_\_\_\_

First Aid / CPR Exp: \_\_\_\_\_

Certified Welding Inspector (CWI) Exp: \_\_\_\_\_

TWIC Exp: \_\_\_\_\_

AWS Certified Welder (process/position): Exp: \_\_\_\_\_

NCCER / Other trade certs: Exp: \_\_\_\_\_

Rigging / Signal Person / Forklift / Crane Operator: Exp: \_\_\_\_\_

**Skills & Experience (Check all that apply)**

Welding Processes	<input type="checkbox"/> SMAW (Stick)	<input type="checkbox"/> GMAW (MIG)	<input type="checkbox"/> FCAW
	<input type="checkbox"/> GTAW (Tig)	<input type="checkbox"/> SAW	
Materials	<input type="checkbox"/> Carbon Steel	<input type="checkbox"/> Stainless	<input type="checkbox"/> Alloy
	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Structural	<input type="checkbox"/> Pipe

**Fabrication / Fitting Experience**

<input type="checkbox"/> Blueprint/Isometric Drawing Reading	<input type="checkbox"/> Pipe Fitting, Threaded
<input type="checkbox"/> Layout & Measurement (Tape, Square, Level, etc.)	<input type="checkbox"/> Pipe Fitting, Welded
<input type="checkbox"/> Use of Hand & Power Tools (Grinders, Bevelers,	<input type="checkbox"/> Rigging / Lifting Operations
<input type="checkbox"/> Forklift Operation	<input type="checkbox"/> Overhead Crane Operation

**Supervisory/Leadership**

(especially for Foreman applicants)	Have you supervised welders, fitters, riggers, or helpers? If yes, number supervised: _____ Describe: _____
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**Employment History** Send resume to: [applicants@independentos.com](mailto:applicants@independentos.com)

Employer:	Supervisor:
Phone:	Position:
Date: <b>From:</b> _____ <b>To:</b> _____	Ending pay:
Reason for leaving:	

Employer:	Supervisor:
Phone:	Position:
Date: <b>From:</b> _____ <b>To:</b> _____	Ending pay:
Reason for leaving:	

Employer:	Supervisor:
Phone:	Position:
Date: <b>From:</b> _____ <b>To:</b> _____	Ending pay:
Reason for leaving:	

**References (Professional / Trades - not family)**

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

### Additional Questions

Have you ever been discharged or asked to resign from any job?

Yes

No

If yes, explain:

Have you ever applied to or worked for this company before?

Yes

No

If yes, when:

Position:

Do you have any felony or misdemeanor convictions in the past 7 years?

Yes

No

(Excluding sealed/expunged records. Conviction does not automatically disqualify.)

If yes, explain (nature, date, location, outcome):

Do you have reliable transportation?

Yes

No

### Applicant Certification & Signature

I certify that all information in this application is true and complete to the best of my knowledge. I understand that false statements or omissions may result in denial of employment or termination if discovered later. I authorize investigation of all statements contained herein and references listed. I release all parties from liability related to this inquiry. I understand employment is at-will and may be terminated at any time.

References and Background Checks - I understand that my employment may be based on receipt of satisfactory results of a background check, including criminal history, and Social Security number varication, if deemed appropriate. I authorize Independent Onsite Services and its representatives to investigate, without liability, any information supplied by me. I also authorize listed employers, school, and references, as well as other reference sources, to make full disclosure to any relevant inquiries by Independent Onsite Services and its representatives without liability. In the event that Independent Onsite Services is unable to verify any references stated on this application, it is my responsibility to furnish the necessary documentation.

Drug Testing – I authorize and give full permission to have Independent Onsite Services and/or their medical company physician to send a specimen of my urine, blood, or hair to a laboratory for screening test prior or during employment for the use of illegal drugs and controlled substance. I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my job or continuing employment due to not submitting to the test or as a result of the report of test (s). This includes, but is not limited to, possible clerical or laboratory errors.

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

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

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