APPLICATION FOR EMPLOYMENT

Completed applications may be mailed to:
P.O. Box 96016, B.R., LA 70896-9016

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF ANY PHYSICAL OR MENTAL MEDICAL CONDITION OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

DATE OF APPLICATION _____

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE:
ADDRESSES: (STREET NUMBER AND NAME)For last 3 years	CITY:	STATE: ZIP:

HOME PHONE: ( )	CELL PHONE: ( )
EMAIL ADDRESS:	SOCIAL SECURITY NUMBER:
POSITIONS(S) APPLIED FOR:	HAVE YOU WORKED HERE BEFORE? ☐ YES ☐ NO
DATE AVAILABLE FOR WORK:	ARE YOU 18 YEARS OF AGE OR OLDER? ☐ YES ☐ NO
DO YOU HAVE ANY FRIENDS OR RELATIVES WHO WORK FOR US?	
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? ☐ YES ☐ NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ Yes ☐ No IF YES, EXPLAIN:	DO YOU HAVE A VALID DRIVERS LICENSE? ☐ Yes ☐ No LICENSE #: _____ STATE: _____ EXP DATE: _____ ☐ OPERATOR ☐ CHAUFFEUR ☐ CDL
ARE YOU ABLE TO SATISFACTORILY PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION(S) FOR WHICH YOU ARE APPLYING WITH OR WITHOUT A REASONABLE ACCOMMODATION? ☐ YES ☐ NO	

EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	DEGREE OR CREDITS RECEIVED
HIGH SCHOOL			☐ Yes ☐ No Year	
UNDERGRADUATE COLLEGE			☐ Yes ☐ No Year	
GRADUATE COLLEGE			☐ Yes ☐ No Year	
ADDITIONAL CREDIT COURSES (TRADE, ETC.)				

EMPLOYMENT HISTORY

PRESENT EMPLOYER:

DATES EMPLOYED: FROM: TO:		COMPANY NAME: ADDRESS, CITY, STATE, ZIP	
STARTING SALARY:	ENDING SALARY:	REASON FOR LEAVING:	TELEPHONE NUMBER: ( )
JOB TITLE & DUTIES:			

PREVIOUS EMPLOYER:

DATES EMPLOYED: FROM: TO:		COMPANY NAME: ADDRESS, CITY, STATE, ZIP	
STARTING SALARY:	ENDING SALARY:	REASON FOR LEAVING:	TELEPHONE NUMBER: ( )
JOB TITLE & DUTIES:			

PREVIOUS EMPLOYER:

DATES EMPLOYED: FROM: TO:		COMPANY NAME: ADDRESS, CITY, STATE, ZIP	
STARTING SALARY:	ENDING SALARY:	REASON FOR LEAVING:	TELEPHONE NUMBER: ( )
JOB TITLE & DUTIES:			

PREVIOUS EMPLOYER:

DATES EMPLOYED: FROM: TO:		COMPANY NAME: ADDRESS, CITY, STATE, ZIP	
STARTING SALARY:	ENDING SALARY:	REASON FOR LEAVING:	TELEPHONE NUMBER: ( )
JOB TITLE & DUTIES:			

PREVIOUS EMPLOYER:

DATES EMPLOYED: FROM: TO:		NAME: ADDRESS, CITY, STATE, ZIP	
STARTING SALARY:	ENDING SALARY:	REASON FOR LEAVING:	TELEPHONE NUMBER: ( )
JOB TITLE & DUTIES:			

REFERENCES

GIVE NAMES OF THREE PERSONS, OTHER THAN RELATIVES, WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE AND ABILITY:

NAME:	ADDRESS:
TELEPHONE NUMBER: ( )	OCCUPATION:

NAME:	ADDRESS:
TELEPHONE NUMBER: ( )	OCCUPATION:

NAME:	ADDRESS:
TELEPHONE NUMBER: ( )	OCCUPATION:

OTHER INFORMATION

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. YOU MAY EXCLUDE MEMBERSHIPS, WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, HANDICAP OR OTHER PROTECTED STATUS.

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LIST ANY PROFESSIONAL HONORS OR CERTIFICATIONS YOU MAY HAVE RECEIVED OR ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOU FOR EMPLOYMENT.

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READ AND SIGN APPLICANT'S STATEMENT ON PAGE 4

APPLICANT'S STATEMENT

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT, IF DISCOVERED AT A LATER DATE. I AGREE TO IMMEDIATELY NOTIFY THE COMPANY IF I SHOULD BE CONVICTED OF A FELONY, OR ANY CRIME INVOLVING DISHONESTY OR A BREACH OF TRUST WHILE MY JOB APPLICATION IS PENDING, OR DURING MY PERIOD OF EMPLOYMENT, IF HIRED.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY). I ALSO AUTHORIZE THE COMPANY TO CONTACT MY PRESENT EMPLOYER (UNLESS OTHERWISE NOTED IN THIS APPLICATION FORM), PAST EMPLOYERS, AND LISTED REFERENCES.

I AUTHORIZE ANY PERSON, SCHOOL, CURRENT OR PREVIOUS EMPLOYER, AND ORGANIZATIONS NAMED IN THIS APPLICATION FORM (AND ACCOMPANYING RESUME, IF ANY) TO PROVIDE THE COMPANY WITH RELEVANT INFORMATION AND OPINION THAT MAY BE USEFUL TO THE COMPANY IN MAKING A HIRING DECISION, AND I RELEASE SUCH PERSONS AND ORGANIZATIONS FROM ANY LEGAL LIABILITY IN MAKING SUCH STATEMENTS.

I UNDERSTAND THAT NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT FROM THE EMPLOYER CONSTITUTE AN EMPLOYMENT CONTRACT UNLESS A SPECIFIC DOCUMENT TO THAT AFFECT IS EXECUTED BY THE EMPLOYER AND EMPLOYEE IN WRITING.

I GIVE PERMISSION FOR A COMPLETE PHYSICAL EXAMINATION, INCLUDING DRUG SCREENING AND X-RAYS, AND I CONSENT TO THE RELEASE TO THE COMPANY OF ANY AND ALL SUCH INFORMATION.

I UNDERSTAND THAT IF MY EMPLOYMENT IS TERMINATED BY THE COMPANY FOR DISHONESTY, BREACH OF TRUST, OR ANY CRIMINAL ACTS THE AUTHORITIES MAY BE NOTIFIED AND I MAY BE CRIMINALLY PROSECUTED. I ALSO UNDERSTAND THAT, IF HIRED, I MAY NOT HOLD OTHER EMPLOYMENT NOR ENGAGE IN OTHER ACTIVITIES THAT CREATE A CONFLICT OF INTEREST WITH MY POSITION WITH THIS COMPANY.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 6 MONTHS.

IF YOU ARE OFFERED EMPLOYMENT, A MEDICAL EXAMINATION WILL BE REQUIRED BEFORE YOU START WORK. IF THE EXAMINATION DISCLOSES MEDICAL CONDITIONS THAT PREVENT YOU FROM SUCCESSFULLY PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB, THE COMPANY WILL ATTEMPT TO MAKE ACCOMMODATIONS TO ALLOW YOU TO WORK. IF NO REASONABLE ACCOMMODATIONS CAN BE FOUND, OR THEY CAUSE AN UNDUE HARDSHIP ON THE COMPANY, THE TENTATIVE OFFER OF EMPLOYMENT WILL BE WITHDRAWN.

_____ _____

SIGNATURE OF APPLICANT DATE