



Application for Employment

Date of Application

____ / ____ / ____

PLEASE PRINT

This Company is an Equal Opportunity Employer.

Position(s) applied for: _____

Name _____ Social Security # _____
Last First Middle

Address _____
Street Apt. # City State Zip Code

Telephone# () _____ Other Phone # () _____ e-mail Address _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) applied for / /

Have you been employed at This Company before? Yes No

If yes, give dates From ____ / ____ / ____ To ____ / ____ / ____

Can you provide documentation to prove your right to work in this country? Yes No

Date available for work / / What is your desired pay rate? \$ _____

Type of employment desired Full-Time Part-time

Are you able to meet the requirements of attendance for this position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a felony? Yes No

If yes, please provide date(s) and details .. _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, Rehabilitation and position applied for will be taken into account.

Driver's license number if driving is an essential job function _____ State _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

List the last three (3) Schools attended, starting with most recent. Number of years completed, Degree or Diploma, Grade Point Average, For College classes (if applicable) list Major and Minor.

Name of School	Number of Years Completed	Degree / Diploma Earned	Grade Point Average	Major

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If

Name	Telephone	Number of Years
	()	
	()	
	()	

Employment History

In the following provide information of your past and current employers, assignments or volunteer activities, start with your most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer Telephone# ()	Dates Employed From To	Summarize the type of work Performed and job responsibilities
Address		
Starting Job Title / Final Job Title	Hourly Rates/Salary Starting \$ Per	
Immediate Supervisor and title	Hourly Rates/Salary Final \$ Per	
Reason for leaving		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
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Authorization and Release

I understand that This Company follows an employment-at-will policy, in that I or This Company may terminate my employment any time, for any reason or no reason. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this if I am offered the job. I also understand that I must pass a pre-employment drug test.

My signature below authorizes This Company to contact and investigate my former and current employers, and all other pertinent parties in order to fully investigate my background. I further authorize This Company to use any and all information acquired to make decisions regarding my employment.

I understand that under Louisiana law, no former employer or third party can be held liable if by supplying accurate and truthful information, I am caused to not be employed or am discharge. I hereby indemnify, release and forever discharge and hold all third parties supplying such information, harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with this investigation, the results, or any lawful use of the results or disclosure thereto.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND RELEASE STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Authorization and Release Statement.

Signature of Applicant _____

Date / /