



Application For Employment

This Employer considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran's status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE "PRINT" USING AN "INK PEN" AND SIGN ALL SIGNATURE REQUEST.

PART-TIME OR AS NEEDED BASIS ACKNOWLEDGMENT

I UNDERSTAND THAT I AM APPLYING AS A PART-TIME OR AS NEEDED BASIS EMPLOYEE POSITION, AND I AM NOT GUARANTEED A FORTY HOUR WEEK.

EMPLOYER ACKNOWLEDGES INITIAL

Applicants Signature: Print: Date:

PERSONAL INFORMATION

Position (s) Applied For:	Salary Desired: Month <input type="checkbox"/> Year <input type="checkbox"/> \$	Employment Desired: Full time <input type="checkbox"/> Part-time <input type="checkbox"/>	Date of Application:
Last Name:	First Name:	Middle Name:	Maiden Name:
Address: Number Street City		Telephone	Fax/ Cell/ Other
Drivers License Number:	State Issued	Expiration Date:	Type of License
			Operator <input type="checkbox"/> Chauffeur <input type="checkbox"/> Comm. CDL <input type="checkbox"/>
		Number of Accidents Last 3 Years:	Number of Violations last 3 Years:

EDUCATION

Type of School	School Name and Location	Years Completed	Degree / Certificate of Completion
HIGH SCHOOL		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
TRADE SCHOOL		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
COLLEGE		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
PROFESSIONAL			

1. If you are under 18 years old, can you provide proof of your eligibility to work? Yes or No Explain:
2. Have you worked with us in the past? Yes or No Explain:
3. Are you currently employed? Yes or No Explain:
4. May we contact you present employer? Yes or No Explain:
5. Have you been convicted of a felony within the last seven years? Yes or No Explain:
6. Are you prevented from lawfully becoming employed in this country (U.S.A) because of visa or Immigration Status? Yes or No Explain:

EMPLOYMENT HISTORY

Please begin with you present or last employment. Include service and volunteer activities.

Employer	DATES EMPLOYED		Position held, Duties, Skill, Achievements?
Address	From	To	
Phone	Hourly Monthly		
Job Title Supervisor	Starting	Final	
Reason for Leaving?			

Employer	DATES EMPLOYED		Position held, Duties, Skill, Achievements?
Address	From	To	
Phone	Hourly Monthly		
Job Title Supervisor	Starting	Final	
Reason for Leaving?			

Employer	DATES EMPLOYED		Position held, Duties, Skill, Achievements?
Address	From	To	Address
Phone	Hourly Monthly		
Job Title Supervisor	Starting	Final	Job Title Supervisor
Reason for Leaving?			

Employer	DATES EMPLOYED		Position held, Duties, Skill, Achievements?
Address	From	To	Address
Phone	Hourly Monthly		
Job Title Supervisor	Starting	Final	Job Title Supervisor
Reason for Leaving?			

LIST SPECIAL SKILLS AND LICENSES

REFERENCES			
Name	Address	Friend/Co-Worker/Relation	Phone

“AT WILL” EMPLOYMENT & FRAUD ACKNOWLEDGEMENT

I, the applicant, authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the employee may resign any time and the employer may discharge employee at any time with or without cause or reason. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of this company.

-LOUISIANA LAW-

WARNING: Pursuant to L.S.A. - R.S. 23:1208.1 Your failure to answer truthfully and completely any of the attached questions may result in denial or forfeiture of any right you or your dependants have to Workers’ Compensation benefits, including medical treatment and expenses.

I have read, or have had read to me, this Questionnaire. I understand all questions and answered them truthfully and completely. I also understand that I will be terminated if I falsify any answer.

Signature of Job Applicant

Print name in Full

Date

OFFICE PERSONNEL USE ONLY

INTERVIEWER NAME:	SUPERVISOR NAME	MANAGER NAME
DATES OF INTERVIEWS:	DATE SUPERVISOR INTERVIEW __/__/__	DATE OF MANAGEMENT INTERVIEW __/__/__
PROMPTNESS:	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
GENERAL ATTITUDE:	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
SKILL LEVEL FOR JOB:	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
GENERAL APPEARANCE:	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
INSTRUCTIONS TO INTERVIEWER: CIRCLE NUMBER FROM ONE TO TEN INDICATING LEVEL OF ATTRIBUTES		
USE NON-DISCRIMINATORY NOTES:		
Writing Skills: _____		
Complete: _____		
Spelling: _____		
Knowledge: _____		
Fitness: _____		
Personality: _____		

APPLICANT ACKNOWLEDGEMENT

As a Member of Employers Self-Insurers Fund, your employer is under a Drug and Alcohol testing program and Policy.

It is your responsibility to REPORT all near misses, accidents, damage to property, and injuries to your employer IMMEDIATELY THE SAME DAY THEY OCCUR.

EMPLOYEE'S MUST FOLLOW SAFETY RULES and WEAR the APPROPRIATE SAFETY EQUIPMENT designed for the task to be done. DELIBERATE REFUSAL to follow safety rules or use safety equipment provided to you will be grounds for termination of employment at this company.

ALL EMPLOYEES involved in a job related accident WILL BE TESTED IMMEDIATELY FOR DRUGS AND ALCOHOL USE.

If you REFUSE a drug and alcohol test, or test POSITIVE for drugs or alcohol your employment at this company will be TERMINATED and your WORKERS' COMPENSATION BENEFITS CAN BE DENIED.

All employees must report anyone they think may be under the influence of a mind-altering and/or controlled substance.

All employees will participate in this program to help protect the INTEGRITY AND SOLVENCY of WORKERS' COMPENSATION. Failure to comply with this information may cause DENIAL OR DELAY OF WORKER'S COMPENSTATION BENEFITS FOR YOU AND/OR YOUR FAMILY.

ACKNOWLEDGMENT

I have read, or have had read to me the information above concerning Safety, Accident Reporting, and this companies Drug and Alcohol Program and Policy. I fully understand the meaning or its content and will follow this Program and Policy in full. I have been given a copy of this Program and Policy for annual review.

Signature of Job Applicant

Print name in Full

Date

