



256 Holloway Blvd.
 Ville Platte, La. 70586
 Ph: 337.363.1616
 Fax: 363.1620

APPLICATION FOR EMPLOYMENT

This company is an equal opportunity employer. All applicants will be considered without regard to age, race, color, national origin, religion, sex, marital status, veteran's or current military status, sexual orientation, or other protected status in accordance with applicable federal and state equal employment opportunity laws.

APPLICANT INFORMATION

NAME:		
_____	_____	_____
(FIRST)	(MIDDLE)	(LAST)
ADDRESS:		

(CITY)	(STATE)	(ZIP)
TELEPHONE: _____	EMAIL: _____	
SSN*: _____	DATE OF BIRTH: _____	
*OPTIONAL UNTIL EMPLOYMENT		

DATE AVAILABLE FOR EMPLOYMENT: ____ / ____ / ____		
ARE YOU AT LEAST 18 YEARS OF AGE?	Y	N
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?	Y	N
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?	Y	N
WHICH OF THE FOLLOWING ARE YOU AVAILABLE TO WORK	PT	FT
WHAT POSITION ARE YOU APPLYING FOR?	WHAT IS YOUR DESIRED WAGE? \$	
HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY?	Y*	N
ARE YOU EMPLOYED NOW?	Y	N
*PLEASE LIST THE COMPANY AND SUPERVISORS NAME AND NUMBER:		

DO YOU HAVE A VALID DRIVER'S LICENSE?	Y*	N	* LICENSE #: _____ STATE: _____
DO YOU HAVE TRANSPORTATION?	Y	N	
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? <small>(YOUR HONEST ANSWER WILL NOT BAR YOU FROM CONSIDERATION FOR EMPLOYMENT)</small>	Y*	N	*PLEASE EXPLAIN:

APPLICANT SPECIAL SKILLS, QUALIFICATIONS & CONSIDERATIONS

SUMMARIZE SPECIFIC SKILLS, EMPLOYMENT EXPERIENCE OR QUALIFICATIONS RELATED TO THE JOB YOU ARE SEEKING.
 (PLEASE EXCLUDE INFORMATION WHICH DISCLOSES MEMBERSHIP IN A PROTECTED CLASS)

APPLICANT EDUCATION

TYPE OF INSTITUTION	SCHOOL NAME	YRS COMPLETED				COURSE OF STUDY
HIGH SCHOOL:		9	10	11	12	
COLLEGE:		1	2	3	4	
GRADUATE SCHOOL:		1	2	3	4	
TECHNICAL SCHOOL:		1	2	3	4	

APPLICANT EXPERIENCE

MOST RECENT EMPLOYER:

ADDRESS OF EMPLOYER: _____

TELEPHONE: _____ SUPERVISOR NAME : _____ TITLE: _____

YOUR POSITION: _____ EARNINGS, START/ENDING: \$ _____
\$ _____

DUTIES PERFORMED DAILY: _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB: _____

WHAT DID YOU LIKE LEAST ABOUT THIS JOB: _____

REASON FOR LEAVING: _____

DATES OF EMPLOYMENT: START(MONTH/YEAR) _____ TO(MONTH/YEAR) _____

EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

TELEPHONE: _____ SUPERVISOR NAME : _____ TITLE: _____

YOUR POSITION: _____ EARNINGS, START/ENDING: \$ _____
\$ _____

DUTIES PERFORMED DAILY: _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB: _____

WHAT DID YOU LIKE LEAST ABOUT THIS JOB: _____

REASON FOR LEAVING: _____

DATES OF EMPLOYMENT: START(MONTH/YEAR) _____ TO(MONTH/YEAR) _____

EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

TELEPHONE: _____ SUPERVISOR NAME : _____ TITLE: _____

YOUR POSITION: _____ EARNINGS, START/ENDING: \$ _____
\$ _____

DUTIES PERFORMED DAILY: _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB: _____

WHAT DID YOU LIKE LEAST ABOUT THIS JOB: _____

REASON FOR LEAVING: _____

DATES OF EMPLOYMENT: START(MONTH/YEAR) _____ TO(MONTH/YEAR) _____

EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

TELEPHONE: _____ SUPERVISOR NAME : _____ TITLE: _____

YOUR POSITION: _____ EARNINGS, START/ENDING: \$ _____
\$ _____

DUTIES PERFORMED DAILY: _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB: _____

WHAT DID YOU LIKE LEAST ABOUT THIS JOB: _____

REASON FOR LEAVING: _____

DATES OF EMPLOYMENT: START(MONTH/YEAR) _____ TO(MONTH/YEAR) _____

APPLICANT REFERENCES		
PLEASE LIST THREE (NON-FAMILY) REFERENCES THAT ARE FAMILIAR WITH YOUR QUALIFICATIONS, ACTUAL WORK HISTORY AND ABILITIES.		
NAME	COMPANY/ RELATIONSHIP	CONTACT NUMBER/EMAIL

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete, without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. This employment application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and with third parties such as family members, neighbors, friends, associates, former employers, financial sources, and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and or records.

Yes _____ No _____

I understand that my employment may be subject to the satisfactory results of any pre-employment examination required by the Company, including a mandatory blood and/or urine test to detect drug usage. I will be responsible for familiarizing myself with all the rules and regulations of the Company as they presently exist or are later modified. I recognize that my employment can be

terminated, at the discretion of the company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement.

Yes _____ No _____

I understand that no representative of the Company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

Yes _____ No _____

I have had an opportunity to have my questions about the content of this statement and intent answered. Furthermore, I understand its terms.

Signature of Applicant

Date