



Application for Employment

Name: _____ Date of Birth: _____ Date: _____

Current address: _____

Phone #: _____ Social Security Number: _____

**** A background check from Terrebonne Parish Sheriff's Office is required when submitting this application. ****

Position: _____ Start Date: _____ Pay Requested: _____

Have you ever applied here before? **Y/N** If so, When? _____

Are you currently employed: **Y/N** If so, may we contact your present employer? **Y/N**

Employment Desired? Full Time Part Time Shift Desired? AM PM BOTH

Are you willing to work nights & Weekends? **Y/N** Have you ever been convicted of a crime? **Y/N**

Current/Previous Employer: _____ Address: _____

Start date: _____ End date: _____ Job Title: _____

Ending Pay: _____ Reason for Leaving: _____

Supervisor: _____ Phone #: _____

Job Duties: _____

Previous Employer: _____ Address: _____

Start date: _____ End date: _____ Job Title: _____

Ending Pay: _____ Reason for Leaving: _____

Supervisor: _____ Phone #: _____

Job Duties: _____

Previous Employer: _____ Address: _____

Start date: _____ End date: _____ Job Title: _____

Ending Pay: _____ Reason for Leaving: _____

Supervisor: _____ Phone #: _____

Job Duties: _____

Previous Employer: _____ Address: _____

Start date: _____ End date: _____ Job Title: _____

Ending Pay: _____ Reason for Leaving: _____

Supervisor: _____ Phone #: _____

Job Duties: _____

References:

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Relationship: _____

Relationship: _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americas with Disabilities Act (ADA) and other relevant federal and state laws."

Signature: _____ **Date:** _____