



# Application For Employment

Bayou Rapides Corporation

*An Equal Opportunity Employer*

## PLEASE READ BEFORE FILLING OUT THIS APPLICATION

If you would like an accommodation in this application process because of a disability, please notify a Company representative at this time.

In connection with your application for employment, you may be required to undergo written pre-employment testing. If you are asked to take such a test and would like an accommodation in this testing process because of a disability, please notify your employment interviewer at the time he/she informs you that a test is required.

We do not unlawfully discriminate in hiring or employment on the basis of race, color, religious creed, national origin, age, disability, sex, ancestry or veteran status. No question on this application is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

### Please answer every question. PRINT LEGIBLY

Last Name	First	Middle	Date
Street Address			Home Phone ( )
City, State, Zip			Mobile Phone ( )
Apart from absence for religious observance, are you available for full-time work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Part-time work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you previously applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? Month, Year _____			Date available to begin work
Are you legally eligible for employment in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn of our company? <input type="checkbox"/> Advertisement <input type="checkbox"/> Internet <input type="checkbox"/> Other _____			
<input type="checkbox"/> Referral By Whom? _____			
Do you have any relatives working (now or formerly) for this Corporation and/or any wholly-owned subsidiary?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give name and relationship _____			

From here on, please WRITE in your NORMAL HANDWRITING.

For which position are you applying? \_\_\_\_\_ Wage requirements \_\_\_\_\_

Type of employment:  Full-time  Part-time  Temporary

Are you under the age of 18? Yes  No

Are you agreeable to a physical examination, at our expense, by a medical doctor if the position for which you are applying has physical restraints? Yes  No

**EDUCATION**

Name of School, College or University	Location (City and State)	Graduate if so, list degree/diploma	Major Study Area
High School or where GED received		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical, Business or other school		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1. College or University (Undergraduate)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
1. College or University (Graduate)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please check last full year of school completed:**

9    10    11    12  
 High School

1    2    3    4  
 College/Business

1    2    3    4  
 Graduate/Professional

Are you planning to pursue further studies?  Yes    No    Day School    Night School

If so, when, where and what courses: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL EXPERIENCE, SKILLS OR QUALIFICATIONS**

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment including any prior military service. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe your interest in applying for a position with this Company \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a felony?  Yes    No   If yes, explain \_\_\_\_\_  
 \_\_\_\_\_

(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of offense, seriousness and nature of violation and rehabilitation will be taken into account).

**EMPLOYMENT RECORD**

Starting with PRESENT or MOST RECENT, list all employers, including self-employment, summer and part-time jobs. A resume may be included with the application but is not an acceptable substitute for fully completing the form.

Organization Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_

If presently employed, why do you desire to change your position?

If you are presently employed, may we contact your employer?  Yes  No

Organization Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

From: Month \_\_\_\_\_ Year \_\_\_\_\_ To: Month \_\_\_\_\_ Year \_\_\_\_\_ Hourly Rate/Salary: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone Number: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**UNEMPLOYED PERIODS**

If there are any unemployed periods of a month or more not accounted for in your application, please explain them here. Provide beginning and ending dates and reason.

Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

Dates: \_\_\_\_\_ Reason: \_\_\_\_\_

## PERSONAL REFERENCES

Give three personal references who are mature persons of good standing in their community, and who have known you for the past **FIVE** years or more, excluding such individuals as relatives or your family physician. You may include the names of friends or acquaintances presently employed by our Corporation.

Name	Address	Occupation	Phone No.	Years

## EMPLOYEE ACKNOWLEDGEMENT & CONDITIONS OF EMPLOYMENT

### PLEASE READ BEFORE SIGNING.

If you have any questions regarding this statement, please ask them of a Company representative before signing.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide BAYOU RAPIDES CORPORATION with any relevant information that may be required to arrive at an employment decision. I specifically authorize public officials having this information to furnish BAYOU RAPIDES CORPORATION with any record of criminal convictions which may exist against my name.

In the event of my employment to a position in the Corporation, I will comply with all rules and regulations as set forth in the Corporation's policy manual or other communications. Additionally, I authorize the Corporation to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party, with a legal or proper interest.

If employed by BAYOU RAPIDES CORPORATION and in consideration for my employment, I understand that I am not employed for any definite term and my employment can be terminated at any time, with or without cause, for any reason or no reason, with or without notice, by either the Corporation and/or myself. I understand that no supervisor, manager or representative of the Corporation has any authority to enter into an agreement for employment for any specified period of time or to make any agreement different from the conditions of employment set forth in this statement. I understand any oral or written statements different from the conditions of employment set forth in this statement are expressly disavowed by the Corporation and will not be relied upon by me.

I hereby acknowledge that I have read the above statement and understand the same.

\_\_\_\_\_  
Signature of Applicant      Date