



ATTENTION APPLICANT

Each section of this application
MUST BE COMPLETED
in order to process your application.

Section 1

APPLICATION FOR EMPLOYMENT

Must provide current telephone numbers and addresses
of past and present employer(s)

Section 2

PERSONAL REFERENCES

Must provide four (4) references

Section 3

EMPLOYMENT REFERENCE INQUIRY FORM

Applicant's Signature Required

Section 4

EDUCATION REFERENCE INQUIRY FORM

Applicant's Signature Required

Thank You !

Human Resources Department

APPLICATION FOR EMPLOYMENT

Date: _____

Position(s) Applying For: _____	
Professional License/Certification #: _____	State: _____
How did you learn about us? <input type="checkbox"/> Friend/Employee: _____	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Other: _____	

Last Name	First Name	Middle Initial	Maiden Name
Street Address		City	State Zip
Telephone Numbers (cell & home)		Social Security Number	Driver's License & State

Have you ever filed an application with us before? Yes No
If YES, please give date and position: _____

Have you ever been employed with us before? Yes No
If YES, please give date and position: _____

May we contact your present employer? Yes No

Are you legally eligible for employment in the United States? Yes No
***NOTE:** Proof of citizenship/immigration status will be required upon employment.

On what date would you be available for work? _____

AVAILABILITY: Full Time Part Time Temporary Overtime On Call Travel

Have you ever been convicted of a felony? Yes No
If YES, please explain: _____

Are you related to anyone currently employed by our company/affiliates? Yes No
If YES, please give employee's name and relationship to you: _____



Do you own a vehicle? Yes No

Make: _____ Model: _____ Year: _____

EMERGENCY CONTACT NAME: _____ Relationship: _____

Address: _____

Phones (Cell and Work): _____ _____

EMPLOYMENT HISTORY

THIS SECTION **MUST BE COMPLETED IN ITS ENTIRETY EVEN IF SUBMITTING A RESUME.** BEGIN WITH PRESENT EMPLOYER OR LAST JOB.

COMPANY NAME: _____

<u>Address:</u>	Telephone: (_____)
<u>Position Held and Work Performed:</u>	Supervisor:
	Dates Employed (M/Y): From: _____ To: _____
	Hourly Rate/Salary: Start: \$ _____ Final: \$ _____
	Reason for Leaving:

COMPANY NAME: _____

<u>Address:</u>	Telephone: (_____)
<u>Position Held and Work Performed:</u>	Supervisor:
	Dates Employed (M/Y): From: _____ To: _____
	Hourly Rate/Salary: Start: \$ _____ Final: \$ _____
	Reason for Leaving:

COMPANY NAME: _____

<u>Address:</u>	Telephone: (_____)
<u>Position Held and Work Performed:</u>	Supervisor:
	Dates Employed (M/Y): From: _____ To: _____
	Hourly Rate/Salary: Start: \$ _____ Final: \$ _____
	Reason for Leaving:

COMPANY NAME: _____

<u>Address:</u>	Telephone: (_____)
<u>Position Held and Work Performed:</u>	Supervisor:
	Dates Employed (M/Y): From: _____ To: _____
	Hourly Rate/Salary: Start: \$ _____ Final: \$ _____
	Reason for Leaving:

SPECIAL SKILLS AND QUALIFICATIONS

Summarize job-related skills/qualifications acquired from employment or other experiences.

EDUCATION

Type of School	School Name / Location	Years Attended W / Dates	Course(s) Studied	Extracurricular Activities / Honors Received	Degree / Diploma
Elementary					
High School					
College / University					
Graduate / Prof					
Special Training					

List professional, trade, business or civic activities and offices held. (You may exclude organizations which indicate race, color, religion, gender, national origin, disability or other legally protected status.)

REFERENCES

List four (4) references WHO ARE NOT RELATED TO YOU and ARE NOT PREVIOUS EMPLOYERS.

Name	Title	Home / Cell Phone ()
Address	Place of Employment	Work Phone ()
Name	Title	Home / Cell Phone ()
Address	Place of Employment	Work Phone ()
Name	Title	Home / Cell Phone ()
Address	Place of Employment	Work Phone ()
Name	Title	Home / Cell Phone ()
Address	Place of Employment	Work Phone ()

APPLICANT'S STATEMENT

I hereby certify that all answers provided in this application for employment are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein as may be necessary in arriving at an employment decision. I further authorize permission to release the information contained in my employment record to the Austin Companies.

I authorize pre-employment drug screening and understand that any offer of employment is contingent upon satisfactory drug screen results, reference checks and criminal background checks.

I 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 at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant _____

Date _____

6659 Sullivan Road
Greenwell Springs, LA 70739



Phone: (225) 261-0160
Fax: (225) 261-0898

EMPLOYMENT REFERENCE INQUIRY

To: _____ Date: _____
Company: _____ RE: _____
Fax Number: _____ SSN: _____

_____ has applied for a position as _____ with our facility. We would be most grateful if you would furnish us with your forthright opinion of your experience with the above-referenced individual. A signed authorization to release the requested information is below.

If preferred, you may contact me via telephone at (225) 261-0160 regarding this request. Please be advised that all information obtained will be held in confidence. Thank you for your cooperation.

Human Resources Representative

APPLICANT – DO NOT WRITE ABOVE THIS LINE

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby release from liability the company or above-named person and authorize them to release all employment information regarding my possible employment with them.

Applicant Signature

DATE

APPLICANT – DO NOT WRITE BELOW THIS LINE

Applicant employed with your company from _____ to _____

Position held: _____ Salary: _____

Reason for Separation: _____ Eligible for Rehire? Yes No

Please indicate (E) for **Excellent**, (S) for **Satisfactory** or (M) for **Marginal** in the following categories:

Overall job performance	E	S	M	Ability to Grasp new Ideas	E	S	M
Character/Integrity	E	S	M	Initiative/Leadership	E	S	M
Appearance	E	S	M	Job Knowledge	E	S	M
Dependability	E	S	M	Cooperation	E	S	M

Comments:

Signature

Title

Date

6659 Sullivan Road
Greenwell Springs, LA 70739



Phone: (225) 261-0160
Fax: (225) 261-0898

EDUCATION REFERENCE INQUIRY

To: _____ Date: _____
Institution: _____ RE: _____
Fax Number: _____ SSN: _____

_____ has applied for a position as _____ with our facility. We would be most grateful if you would furnish us with your forthright opinion of your experience with the above-referenced individual. A signed authorization to release the requested information is below.

If preferred, you may contact me via telephone at (225) 261-0160 regarding this request. Please be advised that all information obtained will be held in confidence. Thank you for your cooperation.

Human Resources Representative

APPLICANT – DO NOT WRITE ABOVE THIS LINE

APPLICANT'S AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby release from liability the company or above-named person and authorize them to release all educational information regarding my possible employment with them.

Applicant Signature

DATE

APPLICANT – DO NOT WRITE BELOW THIS LINE

Applicant attended your institution from _____ to _____ and successfully achieved curriculum requirements: Yes No

Diploma/Certification in: _____ Date Awarded: _____

Degree(s): Associate Bachelor Master PhD Other _____

Course(s) of Study: Major: _____ Minor: _____

Signature: _____ Title: _____ Date: _____

6659 Sullivan Road
Greenwell Springs, LA 70739



Phone: (225) 261-0160
Fax: (225) 261-0898

EQUAL EMPLOYEE OPPORTUNITY INFORMATION

Employees are treated, during employment, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, disability or any other legally protected status.

We comply with governmental regulations, including Affirmative Action responsibilities where applicable.

The purpose of this (EEO) information is to comply with government record keeping, reporting and other legal requirements. Information is compiled into periodic reports submitted to the government. Records are retained in confidential files.

COMPLETING THIS INFORMATION PRIOR TO EMPLOYMENT IS VOLUNTARY

Name:

Street Address:

City:

State:

Zip:

Check One:

Male Female

Date of Birth:

Check one of the following:

Black White Asian/Pacific Islander
 Hispanic Native American/Alaskan

Check, if applicable:

Vietnam Veteran Disabled Veteran Disabled

ATTENTION APPLICANT

Please complete the applicant information portions of the **Louisiana State Police Criminal Identification and Information forms** authorizing the company to obtain your criminal background

THANK YOU!

Human Resources Department

