

11603 Highway 308
Larose, La 70373



Phone: (985) 798-8800
Fax: (985) 798-8803

Application for Employment

Name: _____ SS# _____

Present Address: _____ City/State: _____

Home Phone: _____ Cell Phone: _____

Are you over the age of 18: Yes No Date of Birth: _____

Height _____ Weight _____ Position Applied for: _____

Date you can start: _____ Salary Desired: _____

Have you ever been convicted of a crime except a minor traffic violation? Yes No

Are you taking any prescription or over the counter medications? Yes No

If yes what type _____

Have you ever had an on the job injury? Yes No

If yes explain in detail? _____

Total years of education: _____

Please list at least four (4) of your last employers and dates employed, complete with a phone number and/or location of their home office.

1. _____
2. _____
3. _____
4. _____

Are you Drug Free at this time? Yes No

Will you pass a urinalysis test? Yes No

Direct Deposit only. You must have a checking or savings account with **your name on the account.** Do you have an account open? Yes No

Signature: _____ Date: _____