

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: \_\_\_\_\_ E-Mail \_\_\_\_\_

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ Total years of education: \_\_\_\_\_

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

If applicable, please list your license endorsement (Example: 100 Ton, etc): \_\_\_\_\_

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

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

Employer	Dates Employed	Phone # / Location
For Office Use		
For Office Use		
For Office Use		
For Office Use		

**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 \_\_\_\_\_