

LAKESIDE SERVICE

P. O. Box 2588
Morgan City, Louisiana 70381

6/00

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire – Please complete in your own handwriting

PERSONAL INFORMATION

Date _____

FULL NAME _____ SOC.SEC.NO. _____

Present Address _____ For How Long? _____

Previous Address _____ For How Long? _____

Phone No. _____ If hired, can you offer proof that you are at least 18 yrs of age? _____ Can you show proof of your eligibility to work in the U.S.? _____

In case of emergency please notify: _____ (yes/no) _____ (yes/no)

Name _____ Address: _____ Phone _____

Have you every been convicted of a crime? _____ (yes/no) If "yes", please attach summary of details. A conviction will be considered only as it relates to fitness to perform the job being sought.

Driver's License No. _____ Type _____ State _____ Expiration Date _____

A copy of your driving record may be obtained from the Office of Motor Vehicles.

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are you Employed Now? _____ (Yes/No) If so, may we inquire of your present employer? _____ (Yes/No) Every applied to this company before? _____ (Yes/No) Referred By: _____

EDUCATION

High School Name _____ Address _____ Major _____ Yrs Attended _____ Diploma _____ (Yes/No)

College Name _____ Address _____ Major _____ Yrs Attended _____ Diploma _____ (Yes/No)

Business, Technical, or Special Training Describe _____

EMPLOYMENT HISTORY. Please give a complete record of all previous work experience, starting with your present or last job.

1. Name _____ Address _____ Ph.No. _____
Supervisor _____ Position _____ Period of Employment From _____ To _____
Salary _____ Reason for Leaving _____

2. Name _____ Address _____ Ph.No. _____
Supervisor _____ Position _____ Period of Employment From _____ To _____
Salary _____ Reason for Leaving _____

3. Name _____ Address _____ Ph.No. _____
Supervisor _____ Position _____ Period of Employment From _____ To _____
Salary _____ Reason for Leaving _____

4. Name _____ Address _____ Ph.No. _____
Supervisor _____ Position _____ Period of Employment From _____ To _____
Salary _____ Reason for Leaving _____

QUALIFICATIONS. Please list all job skills that relate to the position for which you are applying, such as mechanical skills or office skills. Include any machines which you can operate, typing speed, computer experience, or any other skills which qualify you for this position. _____

GENERAL. Please review the Job Description for the position for which you are applying. Are you able to perform the essential functions of this job with or without reasonable accommodations? _____ (Yes/No)

TERMS OF EMPLOYMENT

I certify that all information given on this Employment Application, any resume that I submit to the Company, and any related employment papers and answers given during oral interviews are true and correct. I authorize the Company to verify such information and to contact any reference given by me. Should I be employed by the Company, I agree that my employment shall be in accordance with the terms of this application and I agree to abide by the Company rules and regulations and any amendments thereto.

I acknowledge and agree that my employment is for no definite period of time and that no documents of the Company shall constitute a contract of employment. I understand that my employment may be terminated or I may resign at any time, with or without cause, and with or without notice. The policy set forth in this paragraph may be modified only by written agreement signed by me and by an officer of the Company.

The Company shall have the right at any time after the termination of my employment to furnish to others information concerning my employment record, work habits, and work performance with the Company, its officers, directors, agents, and employees from any and all liability regarding the release of any information described in this paragraph. I authorize the Company to investigate all statements contained in this application and hereby release former employers and the Company from any and all liability on account of furnishing such information to the Company.

I agree that employment is contingent upon meeting all placement considerations, including, but not limited to, submitting to and successfully completing a post-offer company medical examination, and/or drug and alcohol testing.

FALSIFICATION, MISREPRESENTATION, OR OMISSION OF INFORMATION ON THIS, OR ON ANY OTHER EMPLOYMENT FORM MAY RESULT IN A DENIAL OF ANY RIGHT I OR MY DEPENDENTS MAY HAVE TO WORKER'S COMPENSATION BENEFITS, INCLUDING MEDICAL TREATMENT AND EXPENSES, AND SHALL BE GROUNDS FOR IMMEDIATE TERMINATION, REGARDLESS OF WHEN SUCH FALSIFICATION, MISREPRESENTATION, OR OMISSION IS DISCOVERED.

Date _____ Applicant's Signature _____

LAKESIDE SERVICE is an equal opportunity employer.