LAKESIDE SERVICE P. O. Box 2588 Morgan City, Louisiana 70381

APPLICATION FOR EMPLOYMENT Pre-Employment Questionnaire – Please complete in your own handwriting

FULL NAME	PERSO	NAL INFORM	MATION			Date		
Present Address For How Long?	FULL NA	ME						
Previous Address								
Phone Noyou are at least 18 yrs of age?eligibility to work in the U.S.?(yes/no) It as of emergency please notify: NamaAddress: Phone							2 million (1997)	
Name Address: Phone Have you every been convicted of a crime? If 'yes', please attach summary of details. A conviction will be (yes/no) 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 Date You Salary Position Can Stat Desired Are you Employed If so, may we inquire of your Every applied to this Referred Now? (Yes/No) present employer? (Yes/No) By: EDUCATION Name	Phone No	0.	lf hire you a	ed, can you offer p	proof that	Can you show proof of you	our S.?	
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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:						Salary Desired		
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6/00

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.