



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY NUMBER _____

LAST FIRST MIDDLE

PRESENT ADDRESS _____

STREET CITY STATE ZIP

PERMANENT ADDRESS _____

STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

ARE YOU A U.S. CITIZEN, LAWFUL PERMANENT RESIDENT, REFUGEE, OR ASYLEE? YES NO
 IF NO, PLEASE EXPLAIN THE AUTHORIZATION YOU HAVE THAT PERMITS YOU TO WORK FOR A COMPANY IN THE UNITED STATES.

HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME? YES NO
 IF YES, PLEASE INDICATE PREVIOUS NAMES.

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

I HAVE BEEN FULLY EXPLAINED AND UNDERSTAND THE JOB DESCRIPTION FOR THE ABOVE POSITION. I UNDERSTAND THE PHYSICAL AND EMOTIONAL DEMANDS OF THE ESSENTIAL FUNCTIONS OF THE POSITION. I ALSO UNDERSTAND THE ENVIRONMENTS IN WHICH THESE ESSENTIAL FUNCTIONS MIGHT BE PERFORMED AND THE VARIOUS HAZARDS WHICH MIGHT BE PRESENT. I AM ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITHOUT PRESENTING A DANGER TO EITHER MYSELF OR MY CO-WORKERS. YES NO

IF NO, EXPLAIN: _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

LAST

FIRST

MIDDLE

COMPLETE THIS SECTION ONLY IF POSITION YOU ARE SEEKING REQUIRES OPERATION OF COMPANY VEHICLES.	CURRENT DRIVER'S LICENSE TYPE AND NUMBER?	ISSUING DATE	EXPIRATION DATE
	TYPES OF VEHICLES YOU HAVE OPERATED?		
	HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN REASON, INCLUDING DATES AND LOCATIONS.		
	HAVE YOU BEEN A DRIVER IN ANY MOTOR VEHICLE ACCIDENTS WITHIN THE PAST 2 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, GIVE DATES AND LOCATIONS OF EACH SUCH ACCIDENT.		
	HAVE YOU BEEN CONVICTED OF ANY MOVING VIOLATIONS WITHIN THE LAST 2 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST EACH CONVICTION, INCLUDING DATES, LOCATIONS AND TYPE OF VIOLATIONS.		

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES (CIVIC, ATHLETIC, ETC.) _____ EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE?	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES?
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HAVE YOU BEEN CONVICTED OR PLEAD GUILTY OR NO CONTEST TO A FELONY WITHIN THE LAST SEVEN YEARS?
YES NO

HAVE YOU BEEN CONVICTED OR PLEAD GUILTY OR NO CONTEST TO A MISDEMEANOR WITHIN THE LAST SEVEN YEARS? YES NO

HAVE YOU BEEN IMPRISONED WITHIN THE LAST SEVEN YEARS? YES NO

IF THE ANSWER TO ANY OF THESE QUESTIONS IS YES, PLEASE INCLUDE A DESCRIPTION OF THE VIOLATION INCLUDING THE DATE, LOCATION AND RESOLUTION.

NOTE: A conviction will not necessarily be a bar to employment. Factors such as dates, nature, seriousness of the offense, and rehabilitation will be considered.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

IMPORTANT NOTICE

APPLICANT SHOULD READ CAREFULLY BEFORE SIGNING BELOW

My signature below certifies that I understand and agree to the following:

The information provided by me in this application is true, correct and complete to the best of my knowledge. Any misrepresentation or omission of material fact can result in cancellation of consideration for employment or termination from employment, if I am employed. I hereby acknowledge that I am not subject to any contract or agreement that will restrict or prohibit me from performing the work for which I am applying.

Louisiana Safety Systems, Inc. and its representatives have my permission to request a consumer employment report which may include information about my character, general reputation, personal characteristics and mode of living. I can contact Louisiana Safety Systems, Inc. for further information concerning the scope of such report. I further understand that any employment is conditioned on a background check. I authorize Louisiana Safety Systems, Inc. to thoroughly investigate all statements contained in my application or resume. I understand that such investigation may include my criminal record or driving record. Furthermore, I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Louisiana Safety Systems, Inc., without giving me prior notice of such disclosure. In addition, I release Louisiana Safety Systems, Inc., any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure to the fullest extent provided by law, including, but not limited to, La. R.S. 23:291.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Louisiana Safety Systems, Inc. and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Louisiana Safety Systems, Inc. the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, may be contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the Drug and Alcohol Policy of Louisiana Safety Systems, Inc.

If I become employed, I will be employed for no fixed duration, and my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of either Louisiana Safety Systems, Inc. or me. No employee, representative, or agent of Louisiana Safety Systems, Inc. can modify this At-will relationship either before or after my employment except by a specific, written, employment contract with contrary provisions which is signed by me and the President of Louisiana Safety Systems, Inc.

This application will expire after ninety (90) days, and if I reapply it will be necessary for me to complete another application.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

ABILITY

HIRED: Yes No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER



**ACKNOWLEDGEMENT
PRE-EMPLOYMENT DRUG SCREENING CONSENT**

I, (please print) _____, hereby acknowledge that I have read (or it has been read to me) and understand the Drug and Alcohol Policy of LOUISIANA SAFETY SYSTEMS, INC., which outlines the company's policy regarding the use or possession of drugs, alcohol, firearms, weapons and related items. I do hereby voluntarily consent to the taking of a urine sample to be used for drug screening. I also authorize and give full written permission to the doctor, clinic, hospital or its agents and associates to send this specimen to the laboratory for screening tests for the presence of Amphetamines, Opiates, Cocaine, Cannabinoids, and Phencyclidine and authorize these results to be given to LOUISIANA SAFETY SYSTEMS, INC., its authorized agents and/or employees, partners, or associates.

LSS requires reimbursement from an employee for the cost of his or her preemployment drug test if the employee terminates the employment relationship less than 90 working days from his or her date of hire or if he or she never reports to work, unless such termination is attributable to a substantial change made to the employment by LSS as applied or within the meaning of the Louisiana Employment Security Law.

I have been informed and understand that I retain the express right to terminate the taking of the urine and/or blood samples at any time I so desire and to leave the room without further delay.

SIGNATURE

DATE

WITNESS SIGNATURE

DATE



**ACKNOWLEDGEMENT
DRUG/ALCOHOL POLICY**

By my signature below, I (please print) _____
hereby acknowledge that I have read (or it has been read to me) and understand the Drug and Alcohol Policy of LOUISIANA SAFETY SYSTEMS, INC., which outlines the company's policy regarding the use or possession of drugs, alcohol, firearms, weapons and related items. I understand that the company requires employees to submit urine, blood, plasma, breath, and/or saliva specimens to be analyzed for the presence of drugs and/or alcohol. I realize that the presence of a detectable trace of any unauthorized substance is grounds for termination of my employment. I further realize that my cooperation is voluntary and that refusal to submit a specimen for testing is grounds for my termination.

I agree to cooperate and abide by this policy and understand that any failure to do so on my part is grounds for termination.

EMPLOYEE SIGNATURE

DATE

WITNESS SIGNATURE

DATE