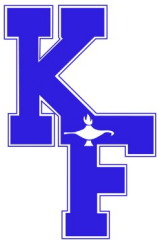


Kehoe-France Northshore



25 Patricia Drive
Covington, LA 70433
(985) 892-4415

APPLICATION FOR EMPLOYMENT

We consider application for employment for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, handicap, or any other legally protected status.

PLEASE PRINT

Position(s) Applying for _____

Date of Application _____

Referral Source: Advertisement ___ Employment Agency ___ Friend ___ Relative ___ Walk-in ___
Other _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State ___ Zip _____

Telephone Number _____ Date of Birth _____ Social Security Number _____

If employed and you are under 18, can you furnish a work permit? Yes ___ No ___

Have you ever filed an application here before? Yes ___ No ___ If yes, give date _____

Have you ever been employed here before? Yes ___ No ___ If yes, give date _____

Are you employed now? Yes ___ No ___

May we contact your present employer? Yes ___ No ___

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes ___ No ___
(Proof of citizenship or immigration status will be required upon employment)

Are you related to anyone in our employ? Yes ___ No ___ If yes, give name _____

On what date would you be available for work? _____

Are you available to work (Check one) Full-Time ___ Part-Time ___ Shift Work ___ Temporary ___

Salary Desired _____

Are you on a lay-off or subject to recall? Yes ___ No ___

Can you travel if a job requires it? Yes ___ No ___

Have you ever been convicted of a felony within the last seven years? Yes ___ No ___
(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain _____

Are you currently using any illegal drugs? Yes ___ No ___

Are you a veteran of the US Military Service? Yes ___ No ___ If yes, Branch _____

Driving Experience

Driver's License Number _____ State ____ Commercial License Number _____ State ____

Has your license ever been revoked or suspended? Yes ___ No ___

Describe Circumstances _____

Have you ever had any accidents in the last five years? Yes ___ No ___

Describe the most serious accidents and list dates _____

Supervisory Experience

If you have been a supervisor, explain number of people supervised and nature of responsibilities

What did you like about supervisory work?

What did you dislike about supervisory work?

References

Give name, address and telephone number of three references who are not related to you and are not previous employers

Name _____

Address _____ Phone (____) _____

Name _____

Address _____ Phone (____) _____

Name _____

Address _____ Phone (____) _____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing, with or without reasonable accommodations, the essential functions of the job or occupation for which you have applied? (A description of the activities involved in such a job or occupation is attached) Yes ___ No ___

Education

	ELEMENTARY SCHOOL	HIGH SCHOOL	COLLEGE	GRADUATE/PROFESSIONAL
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe course study				
Describe specialized training, apprenticeship skills and extracurricular activities				
Honors received				
State any additional information you feel may be helpful to us in considering your application				

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.

Employer	Dates Employed	
	From	To
Address		
Telephone Number		
Home	Cell	Hourly Rate/Salary
Job Title	Supervisor	Starting Final
Reason for leaving		

2.

Employer	Dates Employed	
	From	To
Address		
Telephone Number		
Home	Cell	Hourly Rate/Salary
Job Title	Supervisor	Starting Final
Reason for leaving		

3.

Employer	Dates Employed	
	From	To
Address		
Telephone Number		
Home	Cell	Hourly Rate/Salary
Job Title	Supervisor	Starting Final
Reason for leaving		

Person to be notified in case of emergency

Name _____ Phone _____

Address _____ Relationship _____

Applicant's Statement

I certify that the answers given here are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment, as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand, that I am required to abide by all rules and regulations of Employer.

Signature of Applicant: _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes ___ No ___ Dept. Name _____

Remarks _____

Interviewer: _____ Date: _____

No employment is considered final until applicant's file is reviewed and approved by the personnel department.

Employed: Yes ___ No ___ Job Title _____

Start Date _____ Full Time ___ Part Time ___ Job Class _____

Pay Rate _____ Salaried ___ Hourly ___ Probationary Period _____

Checklist:

- ___ Application
- ___ Pre-Employment Drug Screen
- ___ Completed I-9 Form
- ___ Reference Check
- ___ Background Check
- ___ Health/Life Insurance Enrollment Card
- ___ Withholding Exemption (W-4) (L-4)

Signature of Manager: _____ Date: _____