

APPLICATION FOR EMPLOYMENT

HR USE ONLY

Bayou Inspection Services, Inc.
318 DeGravelle Road P O Box 1065
Amelia LA 70340

Applicant No. _____
Employee No. _____
Company No. _____
Location _____
Date Employed _____

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Documents Received:
 Resume
 Reference Checks
 Interview Record
 Payroll/Status Change Notice
 Employee Record Card

Date _____

Name _____ Social Security No. _____
First Middle Last

Present address _____
No. Street City State Zip

Previous address _____
No. Street City State Zip

Telephone Number (_____) _____ Email address _____

Driver's License Information: _____ State License No. _____ Date of Birth _____

Are you over the age of 18? Yes No Are you a U.S. Citizen Yes No

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____
Month/Year Month/Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____

Position applying for _____ Full Time Part Time Temp Seasonal

Who referred you? _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

1	COMPANY NAME	Dates Worked		Position(s) Held	
	Address, City, State, Zip	From	To		
	Phone No. ()	Duties/Responsibilities			
	Type of Business	Reason for Leaving			
	Name of Supervisor				
Base Gross Starting Wage ___ Hour		Ending/Current ___Hour		___ Bonus Amount Recd	
Income \$ per ___ Year		\$ per ___Year		___ Incentives \$	
Work Hours:					

2	COMPANY NAME	Dates Worked		Position(s) Held	
	Address, City, State, Zip	From	To		
	Phone No. ()	Duties/Responsibilities			
	Type of Business	Reason for Leaving			
	Name of Supervisor				
Base Gross Starting Wage ___ Hour		Ending/Current ___Hour		___ Bonus Amount Recd	
Income \$ per ___ Year		\$ per ___Year		___ Incentives \$	
Work Hours:					

3	COMPANY NAME	Dates Worked		Position(s) Held	
	Address, City, State, Zip	From	To		
	Phone No. ()	Duties/Responsibilities			
	Type of Business	Reason for Leaving			
	Name of Supervisor				
Base Gross Starting Wage ___ Hour		Ending/Current ___Hour		___ Bonus Amount Recd	
Income \$ per ___ Year		\$ per ___Year		___ Incentives \$	
Work Hours:					

WORK REFERENCES

Name	Years Known	Relationship and Title		
Company	Work Address	City	State	Home Phone Work Phone

Name	Years Known	Relationship and Title		
Company	Work Address	City	State	Home Phone Work Phone

Name	Years Known	Relationship and Title		
Company	Work Address	City	State	Home Phone Work Phone

Name	Years Known	Relationship and Title		
Company	Work Address	City	State	Home Phone Work Phone

SPECIAL SKILLS

Please check the skills for which you have received training:

Radiographic Inspection

Magnetic Particle Inspection

Dye Penetrant Inspection

Ultrasonic Inspection

Heat Treating/Stress Relieving

Word Processing (WPM _____) Data Entry 10-Key Calculator

Software Packages: _____

Other: _____

TO BE FILLED OUT UPON HIRE

By signing below you agree to this rate of pay:

Rate of Pay: _____

Employee Signature

Manager Signature

Willie Tezeno, President

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date