



ACTION
 industries, inc
 P.O. Box 247 • Paincourtville, LA 70391
985-369-4414



767 Hwy 70 S
 Belle Rose, LA 70341
 Office: (985) 369-4414 Fax: (985) 369-9789

Application for Employment
(Please Print)

For Office Use only

First Day of Work _____ **Location/crew** _____

Paid: ___ weekly ___ Biweekly ___ 1st & 15th

Action Industries, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability. **Upon hiring anyone for Action Industries, Inc., it is required the individuals being hired speaks, reads, and understands English fluently. This is a condition of employment here at Action Industries, Inc. If they are not able to do either, the person will not be eligible for consideration on being hired with the company.**

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data Today's Date: _____ Position applied for _____

First Name Middle Last Name

Street Address / Apt, Lot City State Zip

Cell Phone Home Phone

In case of an Emergency please call: Name: _____ Phone: _____

Relationship to you _____

If you receive your mail other than your physical address above (ex. PO Box) please put complete address below:

Address City State Zip

How were you referred to Action Industries, Inc.? Please circle the number of the most appropriate response.

1. College 2. Recruiter 3. Employee 4. Advertisement 5. Walk-in 6. Other: _____

Can you Read, Write and Understand English Fluently? Yes _____ No _____

Position Preferences

For what position are you applying? _____

Salary desired: \$ _____ per _____ (specify hour, week or year)

Schedule desired: Full Time _____ Part Time _____ # of Hours per Week _____

Could you work overtime? Yes _____ No _____

What date could you start work? _____

Could you travel if required by this position? Yes _____ % of Time _____ No _____

Education

High School

School Name: _____

Grade Point Average: _____

College

School Name: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

Graduate School

School Name: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes ___ No ___

Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Previous Employer: ___ Yes ___ No

Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Previous Employer: _____ Yes ___ No _____

Professional / References

Name	Title	Company	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Home Addresses (for the last 7 years, list most current first -- use back for more space):

Street: _____ City: _____ State: _____

Zip: _____ County: _____

From - To Dates: _____ - _____

Street: _____ City: _____ State: _____

Zip: _____ County: _____

From - To Dates: _____ - _____

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the Action Industries, Inc. may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Action Industries, Inc. and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Initials

All hiring and employment at Action Industries, Inc. is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Action Industries, Inc. has no specific term and may be terminated by the employee or Action Industries, Inc. with or without notice. I acknowledge that Action Industries, Inc. has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Action Industries, Inc., and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, Action Industries, Inc., business institution or government agency from all liability with regard to furnishing information to Action Industries, Inc. I agree to release and hold harmless Action Industries, Inc. from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Action Industries, Inc. may be terminated.

Applicant's Signature

Date

Applicant Release

Please submit a resume with this Employment Application.

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further I understand that the Action Industries, Inc. will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Action Industries, Inc. and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature

Date

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose:

Please Print Clearly:

Print Full Name: _____

Print other names you have used: _____ Dates used: _____

Current Drivers License #: _____ Issuing State: _____

Other Drivers License #s: _____ Issuing State: _____
(list last 7 years only)