



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 \_\_\_ 1<sup>st</sup> & 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.

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: \_\_\_\_\_

**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):

\_\_\_\_\_

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**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)