



Waterproof Newellton Tallulah Lake Providence Mer Rouge
Bossier City Natchitoches West Monroe Ferriday Jonesville

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer
Revision Date: 02/26/2009

GENERAL

TODAY'S DATE _____ DATE AVAILABLE _____

FULL NAME _____

ADDRESS _____

TELEPHONE _____ TELEPHONE _____

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

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No

Have you been convicted of a felony? Yes No
(A "Yes" answer *will not* bar you from consideration for employment)
If yes, please explain: _____

Have you ever been employed by this company? Yes No

Do you know anyone who currently works for this company? Yes No
If yes, please list: _____

May we contact your present employer? Yes No
If yes, give name: _____

Type of work desired: _____ Salary desired _____

If applying for a position where driving is required – do you have a valid driver's license in this state? Yes No
Driver's License # _____

Are you available to work FULL-TIME PART-TIME OVER-TIME

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	CIRCLE LAST YEAR ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
High School:		9 10 11 12		
College:		1 2 3 4		
Graduate School:		1 2 3 4		
Trade, Business, Other		1 2 3 4		

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

Farm background, if any: _____

List any industrial/agricultural equipment you can operate or repair _____

State any additional information you think would be of interest to us in considering your application:

Please tell us why you would make a good employee:

REFERENCES:

List two (2) non-relatives who are familiar with your qualifications and actual work history and ability:

<u>Name</u>	<u>Occupation/Relationship</u>	<u>Years Known</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT EXPERIENCE (Starting with most current)

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ mo/yr to _____ mo/yr

Salary: Starting _____/Ending _____ Duties _____

What did you like most about your job? _____

Reason for Leaving: _____

May we contact for reference? Yes No

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ mo/yr to _____ mo/yr

Salary: Starting _____/Ending _____ Duties _____

What did you like most about your job? _____

Reason for Leaving: _____

May we contact for reference? Yes No

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ mo/yr to _____ mo/yr

Salary: Starting _____/Ending _____ Duties _____

What did you like most about your job? _____

Reason for Leaving: _____

May we contact for reference? Yes No

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ mo/yr to _____ mo/yr

Salary: Starting _____/Ending _____ Duties _____

What did you like most about your job? _____

Reason for Leaving: _____

May we contact for reference? Yes No

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ mo/yr to _____ mo/yr

Salary: Starting _____/Ending _____ Duties _____

What did you like most about your job? _____

Reason for Leaving: _____

May we contact for reference? Yes No

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, gender, physical or mental disability, or other protected classifications in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize *Goldman Equipment LLC* to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired, I will be responsible for familiarizing myself with all rules and regulations of *Goldman Equipment LLC* as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of Goldman Equipment LLC or at my option, without notice, at any time and for any reason.*

I also understand that no representative of *Goldman Equipment LLC* has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.

Signature of Applicant

Date

Release for Records

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize **Goldman Equipment, LLC** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish **Goldman Equipment, LLC** or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release Goldman Equipment and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

Please Print Clearly

1. Name (first, middle, last): _____
2. Maiden Name: _____
3. Print All Former Names Used:
(a) _____; (b)

4. Social Security Number: _____
5. Sex: M____ F____
6. Race: _____

7. Date of Birth: _____
8. Telephone Number: (____) _____
9. Current Address: (Street) _____
 City _____, State _____ Zip _____
10. Prior residence, past seven (7) years:
- a. _____
 From _____ To _____
 - b. _____
 From _____ To _____
 - c. _____
 From _____ To _____
11. Driver's License Number: _____ State Issued: _____
 Name on Driver's License: _____
12. May we contact your employers? yes _____ no _____
13. May we contact your supervisors? yes _____ no _____
14. Have you ever been convicted of or pled guilty or "no contest" to a criminal charge?
 yes _____ no _____
15. Are you currently awaiting trial, sentencing or disposition of a criminal charge?
 yes _____ no _____
16. Have you even been a defendant in a civil action for intentional tort?
 (intentional torts include, but are not limited to, battery, assault, false imprisonment,
 defamation, fraud, conversion)? yes _____ no _____

If you answered yes to any one or all of Numbers 14, 15 or 16, provide the Case Numbers, Dates of Action, Dispositions, Place of Occurrences and Current Status: _____

Please explain the above answers. If more space is needed use additional paper.

By signing below, you are certifying that the above information is true and correct.

Signature: _____

Print Name: _____

Date: _____