## **Employment Application**

## **Delaune's Doit Center**

12505 Highway 431 St. Amant, LA 70774 (225) 647-3686 16019 Highway 44 Prairieville, LA 70769 (225) 622-4061

Personal Information								
First Name	Middle		Last			SS#		
Current Address	City, State, & Zip Code							
Phone Number	Email Address		•		How Long at Cui	w Long at Current Address		
In case of Emergency contact:				Phone Number				
Additional Information								
Are you 18 years or older?YesNo	Are you currently employed?YesNo							
Are you legally authorized to work in the U. S.?	YesNo	)						
Are you a Veteran?YesNo	ı	If Yes, What Bra	anch of Service:		Dates of Service			
Have you ever been convicted of a felony? If Yes, explain:	YesNo							
Type of Driver's License you hold:		State Issued By: Expirat			on Date Driver's License Num			
If your Driver's License has been revoked or suspe	ended in the last	10 years, please	explain why:					
Education Information								
High School	Location (City, S	tate)		Year Graduated	Degree Earned			
Trade/Technical School	Location (City, State)			Year Graduated	Degree Earned			
College/University	Location (City, S	State)		Year Graduated	Degree Earned			
				•				
Previous Employment								
Employer Name	Job Title			Supervisor Name				
Employer Address	City, State & Zip Code			Employer Telephone				
Dates Employed	Reason for leavi	aving						
Employer Name		Job Title			Supervisor Name			
Employer Address		City, State & Zip Code				Employer Telephone		
Dates Employed	Reason for leaving							

Work Exp	erience										
Do you have a	any experience in any of the follow	ring job fields'	? If yes,	please des	cribe						
	Retail Sales	Yes _	No								
	Stock Clerk	Yes _	 No								
	Cashier	Yes _	No								
	Lawn Equipment Mechanic	Yes _	No								
	Electrical	Yes _	No								
	Plumbing	Yes _	No								
	Lawn & Garden Care	Yes _	No								
	Paint	Yes _	No								
	Building Materials/Lumber	Yes _	No								
	Truck Driving	Yes _	No								
	Heavy Equipment Operating	Yes _	No								
	Janitorial	Yes _	No								
	Merchandising/Advertising	Yes _	No								
	Secretarial/Office Experience	Yes _	No								
	Other	Yes _	No								
List any addition	onal skills, training or qualification	ns you feel you	u have th	nat qualify y	ou for a job	here:					
Are you able to	o do any work which requires:	Standing _	Yes	No	Lifting _	Yes _	No				
Miscellan	eous Information										
Position Applying For:					How did you hear about this position?						
Why would you	u like to work here?										
Approximate V	Nage expected:	What date	can you	start if hire	d?				_Full Time	Part Tir	me
		1									
Certificati	ion of Application										
	authorize this employer to n encies. I understand I have										or
understar	take a physical examination of that such examination of that such examination of the that such that is the theta is the the that is the theta is the that is the theta is the the the theta is the theta is the the theta is the theta is the the	nay include	tests 1	for use of	illegal dr	ıgs. By	signing th	is applicati	on, I affirm	that all	ation.
citizen or	understand that if an offer on national of the United State ited States.										
Signatur	e						Date	e			
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