



Labarre Associates, Inc. is an Equal Opportunity Employer. All applications for employment are considered without regard to an individual's race, religion, national origin, sexual orientation, sex, age, or physical or mental disability. Employment applications are kept in an active file for 60 days. After 60 days, it will be necessary to reapply in order to be considered for employment. Employment at Labarre Associates, Inc. is at will. Successful completion of this application does not imply a contract of employment.

EMPLOYMENT APPLICATION

Date: _____

PERSONAL INFORMATION

First Name: _____ Middle: _____ Last: _____

Address: _____ Home Phone: _____

Cell Phone: _____

Email: _____ Alternate Phone: _____

Are you 18 years of age or older? Yes No

Have you ever been involuntarily discharged from a job? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain: _____

List any other names or aliases used: _____

Do you have a valid Driver's License? Yes No

DL #: _____ State: _____ Expiration: _____

Have you had any auto accidents in the past three years? Yes No

Have you had any traffic violations in the past three years? Yes No

Can you provide evidence that you are legally authorized to work in the US? Yes No

List any relatives employed by Labarre Associates, Inc.

NAME	RELATIONSHIP

Position applied for: _____ Salary desired: _____

Date available to begin work: _____ Full or Part time: _____

How were you referred to us? _____

EDUCATION

TYPE OF SCHOOL	NAME/ADDRESS OF SCHOOL	NUMBER OF YEARS COMPLETED	MAJOR OR DEGREE

PROFESSIONAL REGISTRATION / CERTIFICATION / LICENSURE

TYPE	NUMBER	STATE

MILITARY EXPERIENCE

Are you, or were you, in the U.S. Armed Forces? Yes No
 Dates of Duty: _____ Rank at separation: _____
 Briefly describe your duties and training: _____

SKILLS / EXPERIENCE

Typing ____wpm Word processing Microsoft Office
 Microsoft Outlook Presentations AutoCAD
 Archibus Foreign Language _____
 Other software skills: _____
 Identify any other skills that are relative to the job which you are applying: _____

Indicate any honors, professional societies, and related professional activities that you feel might be helpful in considering your application: _____

EMPLOYMENT HISTORY

EMPLOYER	TITLE
ADDRESS	SUPERVISOR
BUSINESS PHONE	SUPERVISOR PHONE
EMPLOYMENT DATES FROM _____ TO _____	STATUS <input type="radio"/> FULL TIME <input type="radio"/> PART TIME <input type="radio"/> TEMPORARY <input type="radio"/> AS NEEDED <input type="radio"/> SEASONAL
BEGINNING SALARY	ENDING SALARY
PRINCIPAL JOB DUTIES	
REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? <input type="radio"/> YES <input type="radio"/> NO	

EMPLOYER	TITLE
ADDRESS	SUPERVISOR
BUSINESS PHONE	SUPERVISOR PHONE
EMPLOYMENT DATES FROM _____ TO _____	STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> AS NEEDED <input type="checkbox"/> SEASONAL
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BEGINNING SALARY	ENDING SALARY
PRINCIPAL JOB DUTIES	
REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES

List three individuals, other than relatives, we may contact to verify your qualifications for the position.

NAME			
OCCUPATION			
COMPANY			
PHONE NUMBER			

APPLICANT AGREEMENT

Selected applicants may be subject to a comprehensive background check which may include, but is not limited to, prior employment verification, professional reference checks, education confirmation, criminal background, credit check, and/or a Motor Vehicle Report. Failure to consent for such examinations or screenings at the time specified by Labarre Associates, Inc. may result in disqualification for employment.

The employment relationship between Labarre Associates, Inc. and its employees is completely at will and may be terminated by either party at any time.

AFFIDAVIT

I certify that the answers given by me to the foregoing statements are true and correct without omissions of any kind whatsoever. I understand and agree that Labarre Associates, Inc. reserves the right to terminate my employment, or retract an offer of employment at any time with or without reason, including if it determines that I have falsified, omitted any information from, or included any extraneous information in this application.

I am not an illegal drug user and at this time and I can pass a drug screen. I understand that if I am put to work, and the results of a drug test show the presence of illegal drugs in my body, I will be immediately discharged.

I also understand that a discharge from employment for filing a fraudulent employment application will jeopardize my right to receive unemployment insurance benefits which are based on my previous employment.

Providing false information on the application or during any part of the employment process may result in forfeiture of workers' compensation rights.

I agree that the schools, employers, police, and/or persons named above are free from all liability as a result of information released by them in verifying the accuracy of the information I have provided.

I understand that employment offers are conditional on the results of a background check. In addition, if accepted for employment, I hereby agree to abide by the rules, procedures, and policies of Labarre Associates, Inc.

I fully understand and agree to all conditions set forth above as indicated by my signature below.

Applicant Printed Name

Applicant Signature

Date

AUTHORIZATION FOR BACKGROUND CHECK

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

List all cities and parishes/counties in which the applicant has resided during the past 7 years: _____

Social Security No.: _____

Date of Birth: _____

I, _____, hereby authorize Labarre Associates, Inc., to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Labarre Associates, Inc., will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

PRE-EMPLOYMENT DRUG TESTING CONSENT & RELEASE

I hereby consent to submit to the testing for drugs and/or alcohol as shall be determined by Labarre Associates, Inc., in the selection process of applicants for employment, for the purpose of determining the drug and/or alcohol content thereof.

I agree that an outside agency selected by Labarre Associates may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the company for analysis. I further agree to and hereby authorize the release of results of said test to the company.

I understand that my current use of illegal drugs may prohibit me from being employed at this Company.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

DISCLOSURE

In order to comply with the federal Fair Credit Report Act, 15 U.S.C. 12681-1681t, Labarre Associates, Inc. and all its entities informs you that it may request for employment purposes a consumer reporting agency to conduct an inquiry into your character, general reputation, personal characteristics, mode of living, and public record criminal background. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. This information may be obtained through the public records of any state or federal agency and through personal interviews of people with whom you are acquainted or who may have knowledge concerning such information. Labarre Associates, Inc. and all its entities routinely conduct these inquiries for employment purposes.

If Labarre Associates, Inc. obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

I hereby acknowledge receipt of a copy of the above disclosure.

Signature: _____

Date: _____