

# L. A. BROCHU, INC.

## APPLICATION FOR EMPLOYMENT

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of application: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Name: _____	Social Security # _____
Address: _____	Home Phone # _____
City: _____ State: _____ Zip: _____	Cell Phone # _____
Date of birth: _____ (Required for drivers)	
E-Mail Address: _____	

Salary Desired: \_\_\_\_\_ Date Available for work: \_\_\_\_\_

Type of License: _____	License #: _____
Is there anything on your DMV record that would prevent you from operating our vehicles? _____	
If yes, please explain: _____	
Do you carry a medical examiners card/certificate DOT Card (2 year)?	_____ Yes _____ No
Do you carry an OSHA card/certificate	_____ Yes _____ No

Have you ever applied for employment with us? _____	If so, when? _____
Have you ever been employed with us? _____	If so, when? _____
Are you currently employed?	_____ Yes _____ No
If so, may we contact your present employer?	_____ Yes _____ No

Have you ever been convicted of a crime excluding misdemeanors and summary offenses which have not been annulled, expunged or sealed by a court? _____	Yes _____ No
If yes, please explain: _____	
(This does not automatically exclude you from consideration).	

Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **PHYSICAL HISTORY**

Are you able to lift 50 lbs. or more? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you physically capable of heavy manual labor? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been injured on the job? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state nature and degree of injuries: \_\_\_\_\_

List any handicaps that prevent you from doing certain types of work: \_\_\_\_\_

Would you be willing to take a physical examination (if required)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you be willing to take a pre-employment drug screen (if required)? \_\_\_\_\_ Yes \_\_\_\_\_ No

### **ADDITIONAL INFORMATION**

Specialized skills: \_\_\_\_\_

Equipment Operated: \_\_\_\_\_

Other qualifications: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH YOUR MOST RECENT/PRESENT EMPLOYER:

Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Position Held: _____ Reason for Leaving: _____	Telephone #: _____ Supervisors name: _____ Dates of Employment: From: _____ To: _____ Rate of Pay: _____
Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Position Held: _____ Reason for Leaving: _____	Telephone #: _____ Supervisors name: _____ Dates of Employment: From: _____ To: _____ Rate of Pay: _____
Company: _____ Address: _____ City: _____ State: _____ Zip: _____ Position Held: _____ Reason for Leaving: _____	Telephone #: _____ Supervisors name: _____ Dates of Employment: From: _____ To: _____ Rate of Pay: _____

Person to notify in case of an emergency: \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF STATEMENTS MADE AND AUTHORIZATION FOR RELEASE OF INFORMATION**

I certify that the statements on this application are true and complete to the best of my knowledge and I understand that, omissions or misrepresentations may result in the rejection of this application or my discharge.

I authorize investigation of all statements I have made herein. I further authorize the people I have listed as references and employers on this application to an authorized representative of L. A. Brochu, Inc. any and all information concerning my previous employment and any pertinent information they may have about me, personal or otherwise, including the release of my personnel jacket information. I hereby release said employers and references from all liability for any damage that may result from utilization of such information.

Further, I understand that, if hired, my employment is at will, meaning that it is for no definite period and, regardless of the date of my payment of my wages, may be terminated at any time without any previous notice and for any reason. This application will only be valid for 30 days; thereafter, I understand I will have to complete a new one.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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Interviewed by: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Wage rate: \_\_\_\_\_  
Reference checks results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_