

# APPLICATION FOR EMPLOYMENT

HR USE ONLY

**Bayou Inspection Services, Inc.**  
**318 DeGravelle Road P O Box 1065**  
**Amelia LA 70340**

Applicant No. \_\_\_\_\_  
Employee No. \_\_\_\_\_  
Company No. \_\_\_\_\_  
Location \_\_\_\_\_  
Date Employed \_\_\_\_\_

**APPLICANT TO COMPLETE ALL INFORMATION REQUESTED**  
**PLEASE PRINT**

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, veteran status, non-job related disability, or any other protected group status.

Documents Received:  
 Resume  
 Reference Checks  
 Interview Record  
 Payroll/Status Change Notice  
 Employee Record Card

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
First Middle Last

Present address \_\_\_\_\_  
No. Street City State Zip

Previous address \_\_\_\_\_  
No. Street City State Zip

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Driver's License Information: \_\_\_\_\_ State License No. \_\_\_\_\_

Are you over the age of 18?  Yes  No Are you a U.S. Citizen  Yes  No

## COMPANY EXPERIENCE

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving  
\_\_\_\_\_  
\_\_\_\_\_

## GENERAL

Are you currently employed? \_\_\_\_\_ If not, when was your last day employed? \_\_\_\_\_

Position applying for \_\_\_\_\_ Full Time  Part Time  Temp  Seasonal

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you Graduate?	Course or Major
College			
Technical School			
High School			
Other			

## LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

<b>1</b>	<b>COMPANY NAME</b>	<b>Dates Worked</b>		<b>Position(s) Held</b>	
	Address, City, State, Zip	From	To		
	Phone No. (    )	Duties/Responsibilities			
	Type of Business	Reason for Leaving			
	Name of Supervisor				
Base Gross Starting Wage    ___ Hour	Ending/Current    ___Hour	___ Bonus	Amount Recd	Work Hours:	
Income \$                    per ___ Year	\$                    per ___Year	___ Incentives	\$		

<b>2</b>	<b>COMPANY NAME</b>	<b>Dates Worked</b>		<b>Position(s) Held</b>	
	Address, City, State, Zip	From	To		
	Phone No. (    )	Duties/Responsibilities			
	Type of Business	Reason for Leaving			
	Name of Supervisor				
Base Gross Starting Wage    ___ Hour	Ending/Current    ___Hour	___ Bonus	Amount Recd	Work Hours:	
Income \$                    per ___ Year	\$                    per ___Year	___ Incentives	\$		

<b>3</b>	<b>COMPANY NAME</b>	<b>Dates Worked</b>		<b>Position(s) Held</b>	
	Address, City, State, Zip	From	To		
	Phone No. (    )	Duties/Responsibilities			
	Type of Business	Reason for Leaving			
	Name of Supervisor				
Base Gross Starting Wage    ___ Hour	Ending/Current    ___Hour	___ Bonus	Amount Recd	Work Hours:	
Income \$                    per ___ Year	\$                    per ___Year	___ Incentives	\$		

## WORK REFERENCES

Name	Years Known	Relationship and Title		
Company	Work Address	City	State	Home Phone
				Work Phone

Name	Years Known	Relationship and Title		
Company	Work Address	City	State	Home Phone
				Work Phone

Name	Years Known	Relationship and Title		
Company	Work Address	City	State	Home Phone
				Work Phone

Name	Years Known	Relationship and Title		
Company	Work Address	City	State	Home Phone
				Work Phone

### APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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Applicant Signature

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Date

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**SPECIAL SKILLS**

Please check the skills for which you have received training:

\_\_\_ Radiographic Inspection

\_\_\_ Magnetic Particle Inspection

\_\_\_ Dye Penetrant Inspection

\_\_\_ Ultrasonic Inspection

\_\_\_ Heat Treating/Stress Relieving

\_\_\_ Word Processing (WPM \_\_\_\_\_)      \_\_\_ Data Entry      \_\_\_ 10-Key Calculator

\_\_\_ Software Packages: \_\_\_\_\_

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

**TO BE FILLED OUT UPON HIRE**

By signing below you agree to this rate of pay:

Rate of Pay: \_\_\_\_\_ Notes: \_\_\_\_\_

\_\_\_\_\_

Signed this day \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Willie Tezeno, President