



## Application For Employment

PRINT OR TYPE. These instructions must be followed exactly. Complete Application for Employment in its entirety. If questions are not applicable, enter "N/A". **Do not leave questions blank.** Be sure to sign when completed. MID-SOUTH is an Equal Opportunity Employer and does not discriminate on the basis of race, color, sex, religion, creed, gender, national origin, age, disability, health status, pregnancy, military status and/or any other prohibited factor in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must have an original signature to be signed with blue ink. Resumes will not be accepted in lieu of applications.** Unless specifically stated in the job vacancy notice, resumes are not accepted. This application becomes public record and is subject to disclosure.

List exact title of position or type of work for which you wish to apply:	Job Posting Number (if applicable)
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NAME	(Last)	(First)	(Middle)	Social Security Number ____   ____   ____
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CURRENT PHYSICAL ADDRESS: (Mandatory – PO Box not accepted)	Street	City	State	Zip Code	Telephone No. Other	( ) ( )
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CURRENT MAILING ADDRESS: (PO Box accepted)	Street	City	State	Zip Code	Telephone No. Other	( ) ( )
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How Did You Learn About Us?

Advertisement     
  Relative     
  Inquiry  
 Employment Agency     
  Friend     
  Other: \_\_\_\_\_

Are you available to work     
 Full-Time     
 Part-Time     
 \*Summer     
 \*Temp/Project

Date available for work: \_\_\_\_\_ \*Starting Date     
 What is your desired salary/hourly range? \_\_\_\_\_

Driver's License Number (Optional, If required for position) \_\_\_\_\_  
 (State) (Number)     
 Class A     
 Class B     
 Class C     
 Class I  
 Class D     
 Class E     
 Class H

Geographic preference (Be specific to City/State/Country) \_\_\_\_\_

Best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_  AM  PM

If you are under 18 years of age can you provide required proof of your eligibility to work?     
 Yes     
 No

Have you ever filed an application with us before?     
 Yes     
 No

If Yes, give date: \_\_\_\_\_

Have you ever been employed with us before?     
 Yes     
 No

If Yes, give date: \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?     
 Yes     
 No

Are you currently employed?     
 Yes     
 No

Are you currently or in the last 3 years been classified as a Dept. or Transportation (DOT) covered employee? (i.e. a motor carrier, commercial driver or pipeline contractor employee, etc.)     
 Yes     
 No

If Yes, give employer name, address, telephone no., job title and dates of employment on Page -7-.

May we contact your present employer?     
 Yes     
 No

If No, please explain on Page -7-.

Are you currently under a contract or agreement that would in any way limit you from performing any job function as an employee of MID-SOUTH?     
 Yes     
 No

If Yes, please explain on Page -7-.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Prior employment, Proof of citizenship or immigration status will be required.)     
 Yes     
 No

Can you travel if a job requires it?     
 Yes     
 No

If Yes, what percent of time? \_\_\_\_\_

Are you willing to work hours other than 8-5?     
 Yes     
 No

Are you willing to work days other than Monday-Friday?     
 Yes     
 No

Have you been convicted of any crime and/or arrested? If Yes, please explain on Page -7- .     
 Yes     
 No

A conviction may not disqualify you, but a false statement will. *Note: A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.*

If Yes;	<u>Dates</u>	<u>Nature of Offense</u>	<u>Name of Court</u>	<u>Location of Court</u>	<u>Disposition of case(s)</u>
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## Application For Employment

### EDUCATION

(Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certification, and/or registrations.)

Check Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 12+ Did you graduate from High School/achieve GED? Yes No

Type of School	Name and Location of School	Dated Attended				Total Sem/Clock Hours	Graduated		Expected and/or Graduation Date	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To			Yes	No			
		MM/DD	YR	MM/DD	YR						
High School						<input type="checkbox"/>	<input type="checkbox"/>				
Under-graduate Colleges or Universities						<input type="checkbox"/>	<input type="checkbox"/>				
						<input type="checkbox"/>	<input type="checkbox"/>				
						<input type="checkbox"/>	<input type="checkbox"/>				
Graduate Schools						<input type="checkbox"/>	<input type="checkbox"/>				
						<input type="checkbox"/>	<input type="checkbox"/>				
						<input type="checkbox"/>	<input type="checkbox"/>				
Technical, Vocational or Business						<input type="checkbox"/>	<input type="checkbox"/>				
						<input type="checkbox"/>	<input type="checkbox"/>				
						<input type="checkbox"/>	<input type="checkbox"/>				

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., Attorney, C.P.A., S.P.H.R., etc.)	Date Issued	Issued By (State or other authority)	Certification/License No.

Describe any specialized training, apprenticeship, and extra-curricular activities: (Note: Do not provide any information that provides and would indicate race, age, sex, national origin, disability and/or any other protected status.)

SPECIALIZED TRAINING/APPRENTICESHIP/EXTRA-CURRICULAR ACTIVITIES	Year Completed

### SPECIALIZED SKILLS (Check skills/equipment operated)

<input type="checkbox"/> Computer  <input type="checkbox"/> Calculators  <input type="checkbox"/> Typewriter WPM <input type="text"/>	<input type="checkbox"/> Spreadsheet  <input type="checkbox"/> Word processing  <input type="checkbox"/> Printing/Graphics	Software Programs (List Below) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Production/Shop Equipment (List Below) <input type="text"/> <input type="text"/> <input type="text"/>	Other (List Below) <input type="text"/> <input type="text"/>
<input type="checkbox"/> Foreign Language(s) (List Below): <input type="text"/>		<input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent  <input type="checkbox"/> Speak <input type="checkbox"/> Write <input type="checkbox"/> Read <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent		



## Application For Employment

**MILITARY SERVICE** (A copy of a report of separation from the Armed Services may be required. We do not discriminate on the basis of military background applicable requirements under USERRA and/or other laws related to military duty and status.)

Military Branch	Dates of Service

**EMPLOYMENT HISTORY** (A copy of pay-check stub for salary verification from present or previous employer will be required.)

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your last position and work back to your first.
2. Employment history should include each position held, even those with the same employer.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
4. For supervisory/managerial positions, indicate the number of employees you supervised.

If you need additional space to adequately describe your employment history, or any other additional information, you may use the blank sheet available on Page -7- of this Application for Employment.

<b>Starting Job Title:</b>	<hr/>	<u>Immediate Manager/Supervisor</u>				
<b>Final Job Title:</b>	<hr/>	<b>Name:</b>	<hr/>			
<b>Employer:</b>	<hr/>	<b>Title:</b>	<hr/>			
<b>Mailing Address:</b>	<hr/>	<b>Telephone No.</b>	<hr/> (     ) <i>(Include area code)</i>			
<b>City &amp; State/ZIP Code:</b>	<hr/>	<b>Average # of hrs. worked per week if part-time:</b>	<hr/>			
<b>Employer's Telephone No.</b>	<hr/> (     ) <i>(Include area code)</i>	<b>If managerial/supervisory, number of employees you managed/supervised:</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project			
<b>Starting Date</b>	<b>Ending Date</b>			<b>Hourly Rate/Salary</b>		
<b>MM/DD</b>	<b>YR</b>	<b>MM/DD</b>	<b>YR</b>		<b>Starting</b>	<b>Final</b>
						<input type="checkbox"/> Technical <input type="checkbox"/> Managerial/Supervisory <input type="checkbox"/> Clerical <input type="checkbox"/> Other (List) _____

**Summary of Experience**

List Essential Duties and Responsibilities:

Specific reason for leaving (discharged and/or separation from employment):

Were you fired/involuntary discharge?     Yes     No



## Application For Employment

<b>Starting Job Title:</b>	<hr/>	<b>Immediate Manager/Supervisor</b>		
<b>Final Job Title:</b>	<hr/>	<b>Name:</b>	<hr/>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project
<b>Employer:</b>	<hr/>	<b>Title:</b>	<hr/>	
<b>Mailing Address:</b>	<hr/>	<b>Telephone No.</b>	<hr/>	
<b>City &amp; State/ZIP Code:</b>	<hr/>	( ) <i>(Include area code)</i>		
<b>Employer's Telephone No.</b>	<hr/>	<b>Average # of hrs. worked per week if part-time:</b>		
<b>Starting Date</b>	<b>Ending Date</b>	<b>Hourly Rate/Salary</b>		<b>If managerial/supervisory, number of employees you managed/supervised:</b>
<b>MM/DD</b>	<b>YR</b>	<b>Starting</b>	<b>Final</b>	
<hr/>	<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Technical <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> Clerical <input type="checkbox"/> Other ( <i>List</i> )
<b>Summary of Experience</b> <u>List Essential Duties and Responsibilities:</u>          Specific reason for leaving (discharged and/or separation from employment):     Were you fired/involuntary discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>Starting Job Title:</b>	<hr/>	<b>Immediate Manager/Supervisor</b>		
<b>Final Job Title:</b>	<hr/>	<b>Name:</b>	<hr/>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project
<b>Employer:</b>	<hr/>	<b>Title:</b>	<hr/>	
<b>Mailing Address:</b>	<hr/>	<b>Telephone No.</b>	<hr/>	
<b>City &amp; State/ZIP Code:</b>	<hr/>	( ) <i>(Include area code)</i>		
<b>Employer's Telephone No.</b>	<hr/>	<b>Average # of hrs. worked per week if part-time:</b>		
<b>Starting Date</b>	<b>Ending Date</b>	<b>Hourly Rate/Salary</b>		<b>If managerial/supervisory, number of employees you supervised:</b>
<b>MM/DD</b>	<b>YR</b>	<b>Starting</b>	<b>Final</b>	
<hr/>	<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Technical <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> Clerical <input type="checkbox"/> Other ( <i>List</i> )
<b>Summary of Experience</b> <u>List Essential Duties and Responsibilities:</u>          Specific reason for leaving (discharged and/or separation from employment):     Were you fired/involuntary discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No				



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Starting Job Title: _____		Ending Date: _____		Hourly Rate/Salary: _____		Immediate Manager/Supervisor	Name: _____	Title: _____	Telephone No. _____ <i>(Include area code)</i>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project
Final Job Title: _____		Starting Date: _____		Ending Date: _____						
Employer: _____		City & State/ZIP Code: _____		Employer's Telephone No. _____ <i>(Include area code)</i>		If managerial/supervisory, number of employees you managed/supervised: _____				
MM/DD	YR	MM/DD	YR	Starting	Final	<input type="checkbox"/> Technical <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> Clerical <input type="checkbox"/> Other ( <i>List</i> )				
<b>Summary of Experience</b> <u>List Essential Duties and Responsibilities:</u>          <u>Specific reason for leaving (discharged and/or separation from employment):</u>     Were you fired/involuntary discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No										

Starting Job Title: _____		Ending Date: _____		Hourly Rate/Salary: _____		Immediate Manager/Supervisor	Name: _____	Title: _____	Telephone No. _____ <i>(Include area code)</i>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project
Final Job Title: _____		Starting Date: _____		Ending Date: _____						
Employer: _____		City & State/ZIP Code: _____		Employer's Telephone No. _____ <i>(Include area code)</i>		If managerial/supervisory, number of employees you managed/supervised: _____				
MM/DD	YR	MM/DD	YR	Starting	Final	<input type="checkbox"/> Technical <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/> Clerical <input type="checkbox"/> Other ( <i>List</i> )				
<b>Summary of Experience</b> <u>List Essential Duties and Responsibilities:</u>          <u>Specific reason for leaving (discharged and/or separation from employment):</u>     Were you fired/involuntary discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No										



## Application For Employment

List professional, trade, business, or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, race, age, ancestry, disability or other protected status:*


<b>State any additional information you feel may be helpful to us in considering your application.</b>

### REFERENCES (Do not include relatives)

1.	(Name)	( )	Telephone No.
	(Address)		
2.	(Name)	( )	Telephone No.
	(Address)		
3.	(Name)	( )	Telephone No.
	(Address)		

### APPLICANT'S STATEMENT

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with my application & interview(s), whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination. I understand, also that I am required to abide by all rules and regulations of the employer.
2. I understand and agree if offered employment, I will be required to submit to and pass a drug screen and background check.
3. I authorize investigation of all statements contained in this Application for Employment as may be necessary in arriving at an employment decision.
4. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
6. I hereby understand and acknowledge that, any employment relationship with this organization is of an "at will" nature, which means that an employee's employment may be terminated at any time, for any reason, with or without cause and with or without notice. It is further understood that any policy with this organization does not alter employment and there is no guarantee of any duration of employment. No verbal communication is to be construed or interpreted as altering employment "at will".

Original Signature of Applicant  
Required (Blue Ink):

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*



## Application For Employment

**ADDITIONAL INFORMATION IF REQUIRED/NEEDED:**

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# Application For Employment

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

INTERVIEWER NAME \_\_\_\_\_ DATE \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/ Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_ NAME AND TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: \_\_\_\_\_

DATE: \_\_\_\_\_

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_ Received by \_\_\_\_\_

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