



# Blanchard Contractors, Inc.

P.O. Box 884  
Cut Off, Louisiana 70345  
Office: 985-325-3941 Fax: 985-325-3944

## EMPLOYMENT APPLICATION An Equal Opportunity Employer

Position Applied For: \_\_\_\_\_ Desired Rate of Pay: \_\_\_\_\_ Date: \_\_\_\_\_

Experience at Position Applied For (circle one) 0-1 yr 2-3 yrs 3 or more yrs

Name: \_\_\_\_\_  
Last First M.I.

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

In Case of Emergency, Notify: \_\_\_\_\_  
Name Telephone

Have you ever been convicted of a felony? Y N Are you of legal age to work? Y N

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Special Skills: \_\_\_\_\_

Education Level: \_\_\_\_\_

### Previous Employment

Name, Address, & Telephone of Employer: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ to \_\_\_\_\_ Salary/Pay Rate: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### Previous Employment

Name, Address, & Telephone of Employer: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ to \_\_\_\_\_ Salary/Pay Rate: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

### Previous Employment

Name, Address, & Telephone of Employer: \_\_\_\_\_

Dates Worked: \_\_\_\_\_ to \_\_\_\_\_ Salary/Pay Rate: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

I hereby authorize you and all former employees and others given by me as a reference, to answer all questions and to give all information in connection with this application or in anyway concerning me. I understand that misrepresentation or falsification of information is grounds for immediate termination, nullifies employment relationship and releases BCI form of all obligations as employer. I agree, if employed by you, that if I ever make claims against you for personal injuries, upon your request I shall submit to drug screens and examinations by physicians of your selection. You may terminate your employment of me at any time with out liability to me except for wages and salary that have been earned by me at the date of termination. I understand that it is my responsibility to notify you of all my availability on a weekly basis at a minimum. If I do not, I will be considered unavailable for work.

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





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## Carefully Read and Acknowledge:

I certify that all information provided in this employment application is true and complete. I understand that any false information, misrepresentation or omission in this application or during the interview process will disqualify me from further consideration for employment and will result in my dismissal if discovered at any later date. I understand that this application is not a contract of employment.

Any further offer of employment with Blanchard Contractors, Inc. is contingent upon the successful completion of a background investigation, a physical examination, including medical history, urine drug test, and a medical determination regarding an applicant's ability to perform the essential functions of the position for which the applicant applied, with or without reasonable accommodations.

I authorize Blanchard Contractors, Inc. to make a thorough investigation into my past employment, education, criminal background, military history, credit history, driving history, and any other job-related activities. I **release** from liability all persons, companies, corporations, educational institutions, professional associations, Blanchard Contractors, Inc., law enforcement agencies, and federal, state, or local governments supplying such information; and indemnify Blanchard Contractors, Inc. against any liability which might result from making such an investigation.

Additionally, I authorize Blanchard Contractors, Inc. to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or any other party, with an interest that Blanchard Contractors, Inc. deems appropriate. I will allow a photocopy or fax of this authorization to be valid as the original.

I understand and authorize that the information I have provided may be verified by contacting former employers, references, educational institutions, law enforcement agencies, and federal, state, or local governments, including records verifying employment, military services, driving history, education, credit and criminal history.

I understand that employment with Blanchard Contractors, Inc. requires work during irregular hours, at night, on weekends, and on holidays. If I am employed by Blanchard Contractors, Inc., I agree to hold myself available for work during such times to the extent my services are required. I understand that failure to do so may result in dismissal.

I understand that Blanchard Contractors, Inc. has a restrictive smoking policy and that all employees who smoke are encouraged to quit. I will comply with Blanchard Contractors, Inc. company smoking policy and will not allow my smoking to interfere with my work assignments, affect my personal safety or the safety of the safety of others.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_