

**CAJUN CUTTERS, INC.
EMPLOYMENT APPLICATION**

DATE: _____ DRIVER'S LICENSE # _____

SOCIAL SECURITY NO.: _____ PHONE NO: _____

DATE OF BIRTH _____ CELL NO: _____

FULL NAME: _____

ADDRESS: _____

CITY

STATE

ZIP

POSITION APPLYING FOR: _____ YRS. EXPERIENCE: _____

CHECK ONE: INSHORE _____ OFFSHORE _____ BOTH _____

SALARY DESIRED: _____ DATE YOU CAN START: _____

ARE YOU EMPLOYED NOW? _____ IF SO WHERE: _____

SUPERVISORS NAME: _____ MAY WE CONTACT HIM: _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA? _____ YES _____ NO

IF NOT, PLEASE LIST LEVEL OF EDUCATION COMPLETED: _____

(Please list any special subjects studied, levels achieved, and schools where the subjects were studied and levels achieved.)

LIST FORMER EMPLOYERS BELOW:

NAME: ADDRESS: PHONE: DATE FROM/TO:

LIST PERSONAL REFERENCES:

NAME: ADDRESS OCCUPATION YEARS

Are there any health problems or other reasons that will:

1.) **Result in absence from work?**

If yes please explain: _____

2.) **Prevent lifting or any other specific job duties?**

If yes please explain: _____

3.) **Cause a problem with 24 hour service?**

If yes please explain: _____

Are you taking any type of medication, if so please list and explain why: _____

Do you have a current Louisiana Drivers License: _____ **Class:** _____

Are there any restrictions on your Drivers License, If so please explain: _____

Do you have your own transportation, if not how do you plan to get to work? _____

Have you ever been ticketed for: (if so please explain in detail)

1.) **DWI:** _____

2.) **Reckless Operation:** _____

3.) **Speeding:** _____

4.) **Other, please list:** _____

Have you ever been convicted of a felony, if so are you now on probation:

(Please give details) _____

Are there any pending or previous lawsuits with previous employers, if so please list and explain: _____

***Cajun Cutters, Inc. most values those employees who work safe, learn fast, and maintain a positive attitude. All prospective employees must pass a physical and a drug screen prior to joining our team. In addition, all employees are subject to randomly administered drug testing.**

***I authorize Cajun Cutters, Inc. to investigate any and all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, without any previous notice.**

***I hereby authorize Cajun Cutters, Inc. permission to investigate any present records, including records from previous employers, state and federal agencies.**

NOTE: PLEASE READ BEFORE SIGNING

*** IF YOU ARE TERMINATED, OR YOU QUIT WITHIN THIRTY WORKING DAYS OF YOUR HIRE DATE, A FEE OF \$125.00 DOLLARS WILL BE DEDUCTED FROM YOUR CHECK FOR YOUR DRUG SCREEN AND PHYSICAL.**

Signature: _____

Date: _____

REFERRED BY: _____

FILE/APPL/Im