## MORGAN CITY CORPORATION EMPLOYMENT APPLICATION

Date		
Social Security Number		
Salary or pay you expect		
work you want:		
this work:		
e or certificates you may have:		
Employment Agency   Other State name of		
Full timePart timeTemporaryAfternoonGraveyardRotating		
Will you work extra days in the week if necessary?		
onsDo you plan to work elsewherehtor attend school while workingNohere?YesNo		
a may wish to give about answers given below:		
No How much advance notice do you wish		

## PERSONAL HEALTH

If offered a position, your employment may be conditioned upon the results of medical examination, drug testing, and job-related physical ability testing.

## PRIOR EVENTS

Have you ever worked for this agency before?  □ Yes □ No	Do you authorize us to contact your previous employers for references? $\Box$ Yes $\Box$ No		
Have you earned any pension or retirement credits other than Social Security in any prior employment?	Have you ever been discharged for cause?		
Do you have any friends or relatives working	g for this company?		
Hobbies/Interests			
EDUCATION AND TRAINING If this information is included on an attached resume, p HIGH SCHOOL	lease disregard this section.		
Name of Last High School	Location		
Circle highest year completed 1 2 3 4 5	6 7 8 9 10 11 12 Average GPA Date left		
Special Courses (typing, technical, etc.)			
COLLEGE OR UNIVERSITY			
Name	Location		
Years attended	Degree Date left		
Major subject	GPA		
OTHER SCHOOL (GRADUATE, TRADE	SCHOOL, CORRESPONDENCE, ETC.)		
Name	Location		
Length of course	Was course completed: Date		
Subject	Scholarship Average		

## EMPLOYMENT HISTORY

COMPLETE THIS SECTION even if you have attached a resume. Give a complete account of your full-time employment, including military service. BEGIN ON THE FIRST LINE WITH YOUR <u>PRESENT</u> OR MOST RECENT POSITION AND WORK BACKGROUND.

Employer \_\_\_\_\_

Supervisor's name

Address			Phone
Main duties			
From To	S	tarting pay	Leaving pay
Why did you leave?			
Employer			Supervisor's name
Address			Phone
Main duties			
From To	S	tarting pay	Leaving pay
Why did you leave?			
Other positions and p	eriods of unemp	loyment	
Employer			Main duties
From	То	Pay	Why you left
Employer			Main duties
From	То	Pay	Why you left
Certificate of Applicant			

All information on this form is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of information may cause my application to be rejected or, if I am hired, may cause me to be terminated. I authorize any employer accepting this application and any person, organization, former employer or other entity listed in this application to ask or answer any and all questions about me and I agree not to sue and to hold harmless any person or entity that provides information or expresses an opinion about me or my performance. I understand that this document is an application for employment and not an offer to employ me. I understand that if I am employed, my employer may terminate me at any time without reason or explanation. If hired, I agree to protect the confidentiality of any confidential information I obtain as a consequence of my employment. If hired, I agree that the value of any advance payment, property issued me, or other debt I owe my employer shall be due upon termination of my employment and may be deducted from wages or other payments owed me at the time of such termination.

APPLICANT'S SIGNATURE

DATE

MORGAN CITY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER