

PELICAN ICE *** APPLICATION FOR EMPLOYMENT

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DATE:

NAME (LAST NAME FIRST):

SOCIAL SECURITY NUMBER:

STREET ADDRESS:

CITY, STATE, ZIP:

PHONE NUMBER:

EMAIL ADDRESS:

REFERRED BY:

ARE YOU EMPLOYED?

YES

NO

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

YES

NO

POSITION

DATE YOU CAN START

SALARY DESIRED:

EDUCATION:

GRAMMER SCHOOL:

HIGH SCHOOL:

COLLEGE:

OTHER:

US MILITARY OR NAVAL SERVICE:

RANK:

FORMER EMPLOYERS:

NAME:

POSITION:

ADDRESS:

DATES OF EMPLOYMENT MO/YR

REASON FOR LEAVING:

NAME:

POSITION:

ADDRESS:

DATES OF EMPLOYMENT MO/YR

REASON FOR LEAVING:

NAME:		POSITION:	
ADDRESS:		DATES OF EMPLOYMENT MO/YR	
REASON FOR LEAVING:			

REFERENCE:	
NAME:	PHONE NO:
ADDRESS:	YEARS KNOWN:

NAME:	PHONE NO:
ADDRESS:	YEARS KNOWN:

NAME:	PHONE NO:
ADDRESS:	YEARS KNOWN:

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE:	
SIGNATURE:	