

# APPLICATION FOR EMPLOYMENT

Southern Fabrication of Louisiana L.L.C.

(Office Use Only) Salary: \_\_\_\_\_ (PLEASE PRINT) PHONE – (985)876-0624 FAX – (985) 580-1116

Position: \_\_\_\_\_ Date Hired: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Area Code) Home Phone \_\_\_\_\_ (Area Code) Cell Phone \_\_\_\_\_  
How were you referred to us? \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## EMPLOYMENT HISTORY

**Please Note:** Answer the questions to the best of your ability. All information will be treated confidentially.

List present employer or most recent employer first. May we contact these employers? Yes No

Employer _____	Supervisor's Name _____
Address _____	Your Job Title: _____
Telephone ( ) _____	Employed From: (Mo./Yr) _____ To (Mo./Yr) _____
Your Salary (Starting) _____	(Ending) _____
Duties: _____	
Reason for Leaving: _____	

Employer _____	Supervisor's Name _____
Address _____	Your Job Title: _____
Telephone ( ) _____	Employed From: (Mo./Yr) _____ To (Mo./Yr) _____
Your Salary (Starting) _____	(Ending) _____
Duties: _____	
Reason for Leaving: _____	

Employer _____	Supervisor's Name _____
Address _____	Your Job Title: _____
Telephone ( ) _____	Employed From: (Mo./Yr) _____ To (Mo./Yr) _____
Your Salary (Starting) _____	(Ending) _____
Duties: _____	
Reason for Leaving: _____	

## ADDITIONAL EMPLOYMENT INFORMATION

Position Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired \_\_\_\_\_

What Language(s) can you speak? \_\_\_\_\_

Have you ever applied to this Company before? Yes No If so, when? \_\_\_\_\_

Have you ever been involuntarily discharged by an employer: Yes No \_\_\_\_\_

If "Yes", please explain:

Have you ever been employed under a different name or used a different name in school? Yes No \_\_\_\_\_

If "Yes", please state other names and explain:

Are you available to work: On Call? Yes No Overtime? Yes No

Please list previous job skills and experiences for which would qualify you for this job: \_\_\_\_\_

## SKILLS

Typing Speed: \_\_\_\_\_ wpm Business Machines you are able to operate: \_\_\_\_\_

Computer Skills: \_\_\_\_\_

Vocational Skills: (Ex. - Welding, Carpentry, Electrical, Fork Lift Operations) \_\_\_\_\_

Please list any Certifications you might have: \_\_\_\_\_

## MILITARY EXPERIENCE

Were you in the U.S. Armed Forces? Yes No If "Yes", what branch? \_\_\_\_\_

Dates of Duty From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Separation \_\_\_\_\_

Briefly describe your duties \_\_\_\_\_

**EDUCATIONAL INFORMATION**

School (Print Name & Address of School(s))	No. of Years Completed	Degree, Major, or Type of Course
High School		
College		
Trade School		

**MOTOR VEHICLE INFORMATION**

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_ Expiration \_\_\_\_\_

Has your License ever been revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any Company ever canceled your motor vehicle insurance in the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of any moving violation(s) in the past 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been involved in any way in a motor vehicle accident within the past three years? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "yes" to any of the above questions please explain: \_\_\_\_\_

**Lack of driver's license or history of driving violations will not automatically**

**Disqualify you from consideration as a candidate for employment**

Have you been convicted of any offense during the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of Offense \_\_\_\_\_ Date Convicted \_\_\_\_\_ Sentence \_\_\_\_\_ Place of Conviction \_\_\_\_\_

If "Yes", Please explain each offense in detail: \_\_\_\_\_

*A conviction will not automatically disqualify you from consideration as a candidate for employment*

## MEDICAL HISTORY QUESTIONNAIRE

Please check in the appropriate space whether or not you currently, have, or previously had the following medical conditions:

Description	Yes	No	Description	Yes	No
<i>Epilepsy</i>			<i>Diabetes</i>		
<i>Amputated foot, leg, arm or hand or loss of use thereof</i>			<i>Spinal Fusion or surgical removal of an intervertebral disc</i>		
<i>Double Vision or blurred sight</i>			<i>High Blood Pressure</i>		
<i>Poliomyelitis</i>			<i>Rotator Cuff Injury</i>		
<i>Cerebral Palsy</i>			<i>Knee Injury</i>		
<i>Multiple Sclerosis</i>			<i>Neck Injury</i>		
<i>Parkinson's Disease</i>			<i>Back Injury</i>		
<i>Asbestosis</i>			<i>Brain Damage</i>		
<i>Mental Disability</i>			<i>Carpal Tunnel Syndrome</i>		
<i>Hemophilia</i>			<i>Mental Retardation</i>		
<i>Osteomyelitis</i>			<i>Hodgkin's Disease</i>		
<i>Head Injury</i>			<i>Bronchitis</i>		
<i>Ankylosis of Joints</i>			<i>Emphysema</i>		
<i>Hyperinsulism</i>			<i>Asthma</i>		
<i>Muscular dystrophy</i>			<i>Loss of sight. Partial or total</i>		
<i>Arteriosclerosis</i>			<i>Ionizing Radiation Injury</i>		
<i>Thrombophlebitis</i>			<i>Nervous Breakdown</i>		
<i>Varicose Veins</i>			<i>Dizziness</i>		
<i>Heavy Metal Poisoning</i>					

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN DETAIL BELOW

---



---



---

Are you presently under any medical treatment by a doctor, psychiatrist or psychologist?    Yes    No

Explain \_\_\_\_\_

Are you presently taking any medication(s)?    Yes    No

List Type and Doctor who prescribed them \_\_\_\_\_

Have you ever had surgery to any part of your body?    Yes    No

**Warning: Pursuant to LSA-RS 23:1208.1, I understand failure to answer truthfully may result in denial of any rights I or my dependents may have to worker's compensation benefits, including medical treatment and expenses.**

I HAVE READ AND FULLY UNDERSTAND THE ABOVE.

EMPLOYEE SIGNATURE: \_\_\_\_\_

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

**Authorization to Obtain Employment Background Report**

I have read the Disclosure Regarding Employment Background Report provided by Southern Fabrication of Louisiana, LLC. ("COMPANY") and this Authorization to Obtain Employment Background Report. By my signature below, I hereby consent to the preparation by First Advantage Enterprise Corporation ("FIRST ADVANTAGE"), a consumer reporting agency located at 1 Concourse Parkway, NE, Suite 200, Atlanta, GA 30328, [www.fadv.com](http://www.fadv.com), (800) 888-5773, of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making an employment decision involving me at any time after receipt of this authorization and throughout my employment so long as the COMPANY is a participant in the contractor program sponsored by BP America, Inc, to the extent permitted under law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to FIRST ADVANTAGE and/or the COMPANY itself, and authorize FIRST ADVANTAGE to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

---

**Signature:**

---

**Today's Date:**

## **Disclosure Regarding Employment Background Report**

Southern Fabrication of Louisiana, LLC. ("COMPANY") may obtain from First Advantage Enterprise Corporation, ("FIRST ADVANTAGE"), located at 1 Concourse Parkway, NE, Suite 200, Atlanta, GA 30328, [www.fadv.com](http://www.fadv.com), (800) 888-5773, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you for "employment purposes" as that term is defined under the Fair Credit Reporting Act 15 USC 1681 et. seq. ("FCRA") including but not limited to evaluating you for employment, reassignment, or retention as an employee.

Company hereby notifies you that it is participant in a contractor program sponsored by BP America, Inc., and that this background report screen conducted by FIRST ADVANTAGE is required as a part of that program. To the extent permitted by law, COMPANY may obtain from FIRST ADVANTAGE further reports throughout your employment for an employment purpose without providing further disclosure or obtaining additional consent. The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment verifications and references, or personal references.

**PRE-EMPLOYMENT REQUIREMENTS**

# Southern Fabrication Of Louisiana requires you to undergo the following:

1. Pre-Employment Medical Examination
2. Alcohol & Drug Screening
3. Back X-Rays

*(This exam will be conducted by a physician designated by the Company.)*

**Note:** Any offer of employment received from the Company is contingent upon satisfactory completion of this examination and screening and a determination by the Company and its examining physicians that you are capable of performing the essential functions of the position offered.

# You will be asked to fill out certain paperwork which is essential to the processing of your application. You are also required to wear steel-toe boots, safety glasses and ear plugs in the designated areas, et al.....Shop.

# The Company reserves the right to have you undergo medical examinations and/or alcohol and drug screening, when you are involved in an accident which results in an injury to you or a co-worker. Refusal to consent may result in disciplinary action or termination.

# Your signature on the Employment Application certifies that you have been advised of the Company's Drug-Free Workplace Policy and that you agree to testing as deemed necessary and appropriate by the Company.

**NOTE: IF YOU TERMINATE YOUR EMPLOYMENT WITH US BEFORE A PERIOD OF 30 DAYS, YOU WILL BE RESPONSIBLE FOR THE FULL PAYMENT OF YOUR PRE-EMPLOYMENT PHYSICAL.**

I have read the above information and understand the requirements needed to be considered for employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I hereby verify that all the information provided in this Application for Employment is true, complete, and current. I agree and understand that it is necessary for the EMPLOYER to verify the information provided in this application. I authorize the release of information necessary to verify the facts in the application provided it is kept confidential and used solely for the purpose specified herein. I understand information on the nature and scope of this inquiry is available to me upon written request and I agree to release all persons and companies requesting or supplying information with respect to this inquiry from all liabilities.

I understand and agree that if any employment relationship is established with EMPLOYER, it will be of an "at will" nature. I further understand "at will" means that I may resign at any time and EMPLOYER may dismiss me at any time with or without cause.

I understand that according to Federal Law all individuals must provide documents which either verify their identity as a U.S. Citizen or verify their legal authorization to work in the United States.

If I accept the job offer from this EMPLOYER, I agree to abide by the laws, rules, and regulations of EMPLOYER as put forth by its management. I understand and agree that if Company property and/or equipment is issued to me by EMPLOYER, I will be responsible for the same until it is returned to EMPLOYER.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant



## OFFSHORE STATEMENT

Are you willing to go on offshore jobs?

Yes \_\_\_\_\_

No \_\_\_\_\_

Can you pass all criteria for offshore work?

Yes \_\_\_\_\_

No \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_