

POP-A-LOCK EMPLOYMENT APPLICATION

If you wish to be considered for a position, you Must complete this form and

- Submit it by mail to P.O. Box 52086, Lafayette, LA 70505 or fax to 337-233-6655
- Download the form (in .PDF format) and submit it by mail or fax

(You must have Adobe Acrobat® to download this form.)

** If no military experience, please skip to next section.*

Military Experience	
Branch of Service _____	: Specialty _____
Description of Work / Experience: _____ _____	
Date of Enlistment _____	Date of Discharge _____
Status of Discharge _____	
Most recent service location _____	

Name (First, Middle, Last) _____ : Social Security # _____

Present Address _____

City _____ : State _____ : ZIP _____

Home Phone (_____) _____ Cell Phone (_____) _____

Position Desired _____ : Salary Desired \$ _____

Are you presently employed? Yes No

If yes, may we inquire with your present employer? Yes No

Have you ever applied to this company before? Yes No

If yes, where? _____ : When? _____

Have you ever worked for this company before? Yes No

If yes, where? _____ : When? _____

If yes, reason for leaving _____

If yes, name of last supervisor at this company _____

School	Name & Location	Yrs. Attended	Degree/Diploma	Subjects Studied
High School				
College				
Other				

Special Training or Skills _____

Please list your last three employers, starting with the most recent.

Present/Last Employer _____ : Phone (____) _____

Address _____ : City _____ : State _____ : ZIP _____

From _____ To _____ : Job Title _____ : Salary _____

Name of Supervisor _____ : May we contact your supervisor? Yes No

Description of Work _____

Reason for Leaving _____

Previous Employer _____ : Phone (____) _____

Address _____ : City _____ : State _____ : ZIP _____

From _____ To _____ : Job Title _____ : Salary _____

Name of Supervisor _____ : May we contact your supervisor? Yes No

Description of Work _____

Reason for Leaving _____

Previous Employer _____ : Phone (____) _____

Address _____ : City _____ : State _____ : ZIP _____

From _____ To _____ : Job Title _____ : Salary _____

Name of Supervisor _____ : May we contact your supervisor? Yes No

Description of Work _____

Reason for Leaving _____

Have you been convicted of a felony within the last five years? Yes No

If yes, please explain (A "yes" answer will not necessarily disqualify you from consideration.)

Are you legally able to work in the U.S? Yes No

Authorization

"I understand that the foregoing is a preliminary questionnaire and that, prior to being considered for employment, I will be required to complete an application.

I certify that the facts contained in this questionnaire are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this questionnaire shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the 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 I 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