

# Application for Employment

Inferno Manufacturing, LLC | 115 Ricou St., Shreveport, LA 71107 | Fax: (318) 222-4106

**Equal Opportunity Employer:** Inferno Manufacturing, LLC does not discriminate in employment on the basis of race, color, age, sex, religion, or national origin. This is a non-smoking facility — smoking, chewing, and dipping are prohibited on all premises at all times.

**Requirements for employment include:** (1) Consent to arbitration for labor disputes (2) Consent to substance abuse policy requirements (3) Consent to criminal background and driver's license record check.

## PERSONAL INFORMATION

DATE _____	LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____	
STREET ADDRESS _____		CITY _____	STATE _____	ZIP _____
PHONE NUMBER _____		DRIVER'S LICENSE NO. _____		STATE OF ISSUE _____
REFERRED BY (CIRCLE ONE): NEWSPAPER AD   EMPLOYMENT SERVICE   INDIVIDUAL (NAME) _____				

## EMPLOYMENT DESIRED

POSITION APPLIED FOR _____	DATE YOU CAN START _____	SALARY DESIRED _____
ARE YOU CURRENTLY EMPLOYED? <input type="radio"/> Yes <input type="radio"/> No	MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="radio"/> Yes <input type="radio"/> No	EVER APPLIED TO THIS COMPANY BEFORE? <input type="radio"/> Yes <input type="radio"/> No   If yes, when: _____

## EDUCATION

LEVEL	SCHOOL NAME, CITY & STATE	LAST YEAR COMPLETED	GRADUATE?	SUBJECTS / DEGREE(S) RECEIVED
High School	_____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> Yes <input type="radio"/> No	_____
Trade School	_____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> Yes <input type="radio"/> No	_____
College	_____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> Yes <input type="radio"/> No	_____

## TRANSCRIPT RELEASE AUTHORIZATION

I, \_\_\_\_\_ (print name), give permission to \_\_\_\_\_ (high school) and \_\_\_\_\_ (college, if applicable) to release my school transcript(s) to Inferno Manufacturing Corp.  
High School Class of \_\_\_\_\_  
College Dates Attended: \_\_\_\_\_

SIGNATURE

TODAY'S DATE

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

List present or most recent employer first.

EMPLOYER _____		FROM (MO/YR) _____	TO (MO/YR) _____	SUPERVISOR'S NAME _____
ADDRESS _____		TELEPHONE _____	YOUR JOB TITLE _____	
STARTING SALARY _____	ENDING SALARY _____	DUTIES _____		
REASON FOR LEAVING _____			MAY WE CONTACT THIS EMPLOYER? <input type="radio"/> Yes <input type="radio"/> No	

EMPLOYER _____		FROM (MO/YR) _____	TO (MO/YR) _____	SUPERVISOR'S NAME _____
ADDRESS _____		TELEPHONE _____	YOUR JOB TITLE _____	
STARTING SALARY _____	ENDING SALARY _____	DUTIES _____		
REASON FOR LEAVING _____			MAY WE CONTACT THIS EMPLOYER? <input type="radio"/> Yes <input type="radio"/> No	

EMPLOYER _____		FROM (MO/YR) _____	TO (MO/YR) _____	SUPERVISOR'S NAME _____
ADDRESS _____		TELEPHONE _____	YOUR JOB TITLE _____	
STARTING SALARY _____	ENDING SALARY _____	DUTIES _____		
REASON FOR LEAVING _____			MAY WE CONTACT THIS EMPLOYER? <input type="radio"/> Yes <input type="radio"/> No	

## MILITARY EXPERIENCE

U.S. ARMED FORCES SERVICE? <input type="radio"/> Yes <input type="radio"/> No	BRANCH _____	FROM _____	TO _____	RANK AT SEPARATION _____
BRIEF DESCRIPTION OF DUTIES _____				

## SKILLS

TYPING SPEED (WORDS PER MINUTE) _____	OTHER RELEVANT SKILLS _____
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## GENERAL INFORMATION

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="radio"/> Yes <input type="radio"/> No	ARE YOU BELOW THE AGE OF 18? <input type="radio"/> Yes <input type="radio"/> No
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DO YOU KNOW OF ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB (WITH OR WITHOUT REASONABLE ACCOMMODATION)?

Yes  No If yes, explain: \_\_\_\_\_

EVER CONVICTED OF A CRIMINAL OFFENSE?

Yes  No

DATE

\_\_\_\_\_

PLACE

\_\_\_\_\_

NATURE OF OFFENSE

\_\_\_\_\_

An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT HERE?

Yes  No If yes, when: \_\_\_\_\_

## REFERENCES (NOT EMPLOYERS OR RELATIVES — AT LEAST THREE REQUIRED)

NAME AND ADDRESS	OCCUPATION	PHONE NUMBER

## EMERGENCY CONTACT

NAME	TELEPHONE	ADDRESS
_____	_____	_____

## ADDITIONAL INFORMATION (OPTIONAL)

PLEASE INCLUDE ANY OTHER INFORMATION YOU THINK WOULD BE HELPFUL IN CONSIDERING YOU FOR EMPLOYMENT (ADDITIONAL WORK EXPERIENCE, ACTIVITIES, ACCOMPLISHMENTS, ETC.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACKNOWLEDGMENT

I authorize investigation of all statements contained in this application for employment. I understand that any 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 previous notice. I agree to undergo a skills test at Inferno's discretion.

APPLICANT SIGNATURE

DATE

\_\_\_\_\_

\_\_\_\_\_