



BOURQUE SALES & SERVICE

PO Box 51141 • Lafayette, Louisiana 70505

Phone: 337-232-6622 • Fax: 337-232-6982

www.bourquesales.com

Houma, LA • Shreveport, LA • Elk City, OK • Barnesville, OH

Employment Application

Programs, services and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

Position applied for: _____ Date of review: _____

How were you referred to us? _____

APPLICANT DATA

Full name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile/Pager/Other: _____

Social Security No.: _____ Email: _____

Driver's License No.: _____ State: _____

Date available to start: _____ Salary requirement: \$ _____

If you are under 18 and we require a work permit, can you furnish one? Yes: ___ No: ___

If no, please explain: _____

Have you ever worked for this company? Yes: ___ No: ___

If yes, when? _____

Are you a citizen of the United States? Yes: ___ No: ___

If not, are you legally allowed to work in the United States? Yes: ___ No: ___

Type of Employment Desired?

Full-Time: ___ Part-Time: ___ Temporary: ___ Seasonal: ___

Have you ever pled "guilty," "no contest," or been convicted of a crime?

Yes: ___ No: ___

If yes, please give dates and details: _____

**Answering "yes" to these questions does not constitute an automatic rejection for employment. The date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.*



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PREVIOUS EMPLOYMENT

Dates of Employment: From _____ to _____

Position(s) Held: _____

Business Name: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer as a reference? Yes: _____ No: _____

Dates of Employment: From _____ to _____

Position(s) Held: _____

Business Name: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer as a reference? Yes: _____ No: _____



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Dates of Employment: From _____ to _____

Position(s) Held: _____

Business Name: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer as a reference? Yes: _____ No: _____

Dates of Employment: From _____ to _____

Position(s) Held: _____

Business Name: _____

Address: _____

Phone: _____

Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____

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Employment Application Disclaimer and Acknowledgement

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that to falsify information or to provide misleading information is grounds for refusing to hire me or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you.

I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

In consideration for my employment and my being considered for employment by your company, I agree to abide by the rules and regulations of the company, and hereby acknowledge that these rules and regulations may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

Signature of Applicant

Date

Company Representative

Date