



# APPLICATION FOR EMPLOYMENT

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Home Phone #: ( ) \_\_\_\_\_ Mobile Phone #: ( ) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Are you at least 18 years of age? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a citizen of the United States? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, are you authorized to work in the U.S.? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted of a felony by any court of law and/or military tribunal? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain each conviction, (1) nature of the offense; (2) year of conviction; (3) location of conviction; (4) disposition (sentence, probation, etc.): \_\_\_\_\_

## Employment Desired

Position Desired: \_\_\_\_\_ Start Date: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, may we contact your current employer? YES \_\_\_\_\_ NO \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever applied for employment at this company before? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, when? \_\_\_\_\_

Have you ever been employed by this company before? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, from: \_\_\_\_\_ to \_\_\_\_\_

Specify any hours or days you cannot or will not work? \_\_\_\_\_

Are you willing to work overtime? YES \_\_\_\_\_ NO \_\_\_\_\_

List any friends and/or relatives working at this company and their relationship to you:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Previous Employment

Please complete the following for each of your last three (3) employers beginning with the most current.

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Type of Machinery Operated: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Type of Machinery Operated: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Type of Machinery Operated: \_\_\_\_\_

### Education & Training

**High School:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you graduate? YES \_\_\_\_\_ NO \_\_\_\_\_ If no, was a GED obtained? YES \_\_\_\_\_ NO \_\_\_\_\_

**College:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

No. of years attended: \_\_\_\_\_ Did you graduate? YES \_\_\_\_\_ NO \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Majors/Minors: \_\_\_\_\_ Degrees Earned & Dates: \_\_\_\_\_

**Other:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

No. of years attended: \_\_\_\_\_ Did you graduate? YES \_\_\_\_\_ NO \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Degrees Earned & Dates: \_\_\_\_\_

### Additional Skills or Training

List any additional skills or training (Ex. certifications, licenses, software knowledge, equipment knowledge, technical skills, etc.):

### Military Service

Branch: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

### Hobbies / Interests

Please list any hobbies and other interests: \_\_\_\_\_

### References

**Please list three (3) employment references.**

**Full Name:** \_\_\_\_\_ **Relationship (Ex. Supervisor, Manager, etc.):** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship (Ex. Supervisor, Manager, etc.):** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship (Ex. Supervisor, Manager, etc.):** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

## Applicant Statement

The information I have provided in this Application for Employment with M&M International LLC, an Equal Opportunity Employer, is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment. I authorize the employer to contact and obtain information about me from previous employers, educational institutions, and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide new application. I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause.

In the event of employment, I agree to furnish proof of my identity, authorization to work in the United States, and appropriate academic transcripts as requested.

This application will expire in 90 days. After this date, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

By signing here you are acknowledging that the above information is understood and true and that you will be requested to submit to a mandatory drug screen prior to employment being formally offered and that you agree to submit to mandatory pre-employment drug testing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



An Equal Opportunity Employer

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