


 225-675-5375
 generalinfo@sorrentolumber.com
 www.sorrentolumber.com
 9563 Airline Hwy Sorrento LA, 70778

Application of Employment

Date of Application _____

Last Name _____ First _____ Middle _____

Present Address _____

Mailing Address _____

Home Phone _____ Cell Phone _____ SS # _____

DL # _____ DL State: _____ Exp. Date: _____

18 yrs. or older? Yes _____ No _____ D.O.B _____

If under 18, can you provide required proof of your eligibility to work? _____

Referred By _____ Best time to contact you: _____





Position Applied for _____

Desired Salary _____

Date available to work _____ Which are you available to work: Full Time Part Time

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility.



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TWIC Card? Yes _____ No _____
 TWIC Card # _____
 Have you filed an application with us before? _____ If so, what date? _____
 Have you ever been employed with us? _____ If so, what date? _____
 If yes, please give reason for leaving _____
 Do any of your friends, relatives (other than spouse) work here? _____
 If yes, state name and relationship / position _____
 Are you currently employed? Yes _____ No _____ Company _____
 Phone # _____
 May we inquire your present employer? Yes _____ No _____
 Who should we contact? _____

EDUCATION

School	Name & Location	No of Yrs.	Graduate	Subjects / Degree
Grammar				
High School				
College				
Trade/Business				
Correspondence				

Special Skills, Qualifications, and Considerations Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

Sorrento Lumber Company, Inc. is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title I of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.

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FORMER EMPLOYERS

(All applicants applying for a driving position must list your last 10 years of employment.)

Employment Experience

Employer _____ Supervisor's Name _____
 Address _____ Your Job Position _____
 Telephone Number _____ Employed from _____ to _____ (Mo/Yr)
 Your Salary: Starting / Ending _____ Duties _____
 What did you like most about your job? _____
 Reason for Leaving: _____

Employer _____ Supervisor's Name _____
 Address _____ Your Job Position _____
 Telephone Number _____ Employed from _____ to _____ (Mo/Yr)
 Your Salary: Starting / Ending _____ Duties _____
 What did you like most about your job? _____
 Reason for Leaving: _____





Employer _____ Supervisor's Name _____
 Address _____ Your Job Position _____
 Telephone Number _____ Employed from _____ to _____ (Mo/Yr)
 Your Salary: Starting / Ending _____ Duties _____
 What did you like most about your job? _____
 Reason for Leaving: _____

Employer _____ Supervisor's Name _____
 Address _____ Your Job Position _____
 Telephone Number _____ Employed from _____ to _____ (Mo/Yr)
 Your Salary: Starting / Ending _____ Duties _____
 What did you like most about your job? _____
 Reason for Leaving: _____

Include explanation of any gaps in employment on an attached blank sheet.

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REFERENCES

List three (3) non-relatives who are familiar with your qualifications, work history, and ability.

Name _____
 Relationship to Applicant _____
 Occupation _____
 Years Known _____
 Phone Number _____
 Email Address _____





Name _____
 Relationship to Applicant _____
 Occupation _____
 Years Known _____
 Phone Number _____
 Email Address _____

Name _____
 Relationship to Applicant _____
 Occupation _____
 Years Known _____
 Phone Number _____
 Email Address _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

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AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company. I understand that any employment is conditioned on a background check. I authorize the company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be at will and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing in the form of a formal contract, signed by the employee and an officer of the company personnel.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the company the results of the examination, which results shall remain confidential and segregated from my file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the company's drug and alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the company to hire. If hired, I agree to abide by all company work rules, policies and procedures. The company retains the right to revise its policies or procedures, in whole or in part, at any time.

If you are applying for a driving position, please fill out the driver addendum.

Signature _____

Printed Name _____

Date _____

If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility.