



The Cajun Company, Inc.

Application for Employment

YOU MUST FILL IN YOUR OWN APPLICATION

All applicable questions must be answered for this application to be considered. This application will be considered current for only 30 days from its date (below). To be considered after that time you must renew your application for employment in writing.

PERSONAL INFORMATION

Date of Application _____

Social Security No _____

Name: _____
LAST FIRST MIDDLE

Any Other Name Used: _____
LAST FIRST MIDDLE

Current Address: _____ How long there? _____
NO. & STREET CITY STATE TELEPHONE

Previous Address: _____ How long there? _____
NO. & STREET CITY STATE TELEPHONE

Who referred you to the Company? _____

Do you have the legal right to work in the United States? Yes No
(Upon employment, you will be required to furnish written proof of citizenship or immigration status and picture identification.)

Are you at least 18 years of age? Yes No
If No, give age: _____
(If hired, proof of status will be required)

Have you ever committed or been convicted of a crime other than a minor traffic violation? Yes No

Are there any charges pending against you that may result in a criminal conviction other than a minor traffic violation? Yes No
(Commission or conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)

If so, give date(s) _____ Offense _____ Punishment or Outcome _____

Explanatory details _____

EDUCATION		YEAR	GRADUATE?	
YOU	DID YOU			
CIRCLE	YEARS ATTENDED IN	NAME & LOCATION OF SCHOOL	LEFT	
Yes	No			
	1 2 3 4 5 6 7 8	_____		<input type="checkbox"/> <input type="checkbox"/>
	1 2 3 4	_____		<input type="checkbox"/> <input type="checkbox"/>
	1 2 3 4 5 6 7	_____		<input type="checkbox"/> <input type="checkbox"/>
	1 2 3 4	_____		<input type="checkbox"/> <input type="checkbox"/>

Do you plan to attend school while working for the Company? Yes No If so, where? _____

Subject _____

JOB SOUGHT

Position applied for _____ Wage or salary desired: _____ hrly wkly mnly

Are you interested in: (Check all that apply):

Full-Time Part-time Temporary Overtime Weekends

Are there any times of the day, days of the week or days during the year that you cannot work?

Times of the day _____ Days of the Week _____ Days during the Year _____

Date available to begin work _____ If hired, how will you get to work? _____

For Clerical Applicants: Typing speed _____ wpm Type of software computer programs familiar with _____

U. S. MILITARY SERVICE

Present Classification _____

Are you a member of National or State Guard or Active Reserve? Yes No

Branch	Date		Rank When Entering	Rank When Discharged
	From	To		

Kind of Training: _____

ADDITIONAL TRAINING/SKILLS INFORMATION

Special certifications licenses/registrations (list any professional or occupational registration, license or certification you currently hold that may be required for the job you are seeking) _____

Do you have any disciplinary action pending concerning your professional license or certificate? Yes No If so, please provide details _____

Has your license or certificate ever been revoked? Yes No If so, please provide details _____

Skills and Information relating to position applied for, or of general interest _____

Describe hobbies, special interests, awards and activities _____

EMPLOYMENT

Have you ever worked for the Company? Yes No If so, when _____

Have you ever before applied for work with the Company? Yes No If so, when _____

Do you know anyone work worked for the Company now or in the past? Yes No
If so, please give name and relationship _____

Do you intend to work anywhere else in addition to working at the Company? Yes No
If so, where? _____

Are you presently employed? Yes No Name of employer _____
Employer's Address _____

Why do you wish to change jobs? _____

LIST ANY RELATIVES OR FRIENDS EMPLOYED BY THE COMPANY

Name	Relationship	Where (Department) Employed
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REFERENCES – Please list three people, professionals, or other persons to whom you could turn for help.
Do not list relatives, former employers, employees of the Company.

Name	Now long known	Occupation	Telephone
Complete Address Name	Now long known	Occupation	Telephone
Complete Address Name Complete Address	Now long known	Occupation	Telephone

WORK HISTORY — Please account for your time for the last ten years. Account for any time during this period that you were unemployed by stating the nature of your activities. Begin with the present and work backwards. Please indicate if you were employed under another name. *If additional space is needed for the past ten years, attach a separate sheet and give same information called for below.*

NAME OF PRESENT (OR MOST RECENT) EMPLOYER:		TELEPHONE #:	
EMPLOYER'S BUSINESS:			
COMPLATE ADDRESS:			
STREET/NO.	CITY	STATE	ZIP CODE
NATURE OF WORK:			AVERAGE WORK WEEK:
STARTING DATE:			STARTING WAGES:
LEAVING DATE:			FINAL WAGES:
NAME OF SUPERVISOR:			
GIVE DETAILS ON WHY YOU LEFT (OR PLAN TO LEAVE) THIS EMPLOYER:			
GIVE REASON FOR AND LENGTH OF INACTIVITY BETWEEN ABOVE JOB AND ONE BELOW (IF APPLICABLE)			

NAME OF SECOND EMPLOYER:		TELEPHONE #:	
EMPLOYER'S BUSINESS:			
COMPLATE ADDRESS:			
STREET/NO.	CITY	STATE	ZIP CODE
NATURE OF WORK:			AVERAGE WORK WEEK:
STARTING DATE:			STARTING WAGES:
LEAVING DATE:			FINAL WAGES:
NAME OF SUPERVISOR:			
GIVE DETAILS ON WHY YOU LEFT THIS EMPLOYER:			
GIVE REASON FOR AND LENGTH OF INACTIVITY BETWEEN ABOVE JOB AND ONE BELOW (IF APPLICABLE)			

NAME THIRD EMPLOYER:		TELEPHONE #:	
EMPLOYER'S BUSINESS:			
COMPLATE ADDRESS:			
STREET/NO.	CITY	STATE	ZIP CODE
NATURE OF WORK:			AVERAGE WORK WEEK:
STARTING DATE:			STARTING WAGES:
LEAVING DATE:			FINAL WAGES:
NAME OF SUPERVISOR:			
GIVE DETAILS ON WHY YOU LEFT THIS EMPLOYER:			
GIVE REASON FOR AND LENGTH OF INACTIVITY BETWEEN ABOVE JOB AND ONE BELOW (IF APPLICABLE)			

NAME FOURTH EMPLOYER:		TELEPHONE #:	
EMPLOYER'S BUSINESS:			
COMPLATE ADDRESS:			
STREET/NO.	CITY	STATE	ZIP CODE
NATURE OF WORK:			AVERAGE WORK WEEK:
STARTING DATE:			STARTING WAGES:
LEAVING DATE:			FINAL WAGES:
NAME OF SUPERVISOR:			
GIVE DETAILS ON WHY YOU LEFT (OR PLAN TO LEAVE) THIS EMPLOYER:			
GIVE REASON FOR AND LENGTH OF INACTIVITY BETWEEN ABOVE JOB AND ONE BELOW (IF APPLICABLE)			

PLEASE GIVE ANY ADDITIONAL INFORMATION YOU FEEL MAY HELP US IN CONSIDERING THIS APPLICATION

AGREEMENT (*Read Carefully*)

I, the undersigned, agree to the following; (1) that all information supplied in this application and any attached resume is true and correct and that any false or misleading information furnished by me regarding my application will be sufficient cause for rejection of this application or immediate dismissal if employed by the Company; (2) That, if such is required, I will take a drug/alcohol screen test during the application process or during employment if hire, and if required, will submit to a physical examination after a conditional offer of employment, if one is made, or during employment if hired and will permit the results to be released to the Company and to release all persons and companies from any liability arising out of such examination or testing; (3) That during my employment with the Company, if hired, I will report to the Company any drug-related criminal conviction within five days of conviction; (4) That if hired, I agree to abide by and observe all Company rules and regulations and agree that my employment is at-will and can be terminated with or without cause and with or without notice at any time at either the option of the Company or the employee and that those terms can only be modified by the Company, in writing, provided that such writing specifically acknowledge that it is a modification of this agreement and is signed by the President of the Company; (5) That no supervisor, agent, representative or employee of the Company has now or has had in the past any authority to enter into any agreement or employment for a specified period of time, or to make any agreement which is contrary to or a modification of the above terms, nor can any policies of the Company, either written or oral, modify the above terms; (6) That if hired, I may be on a six month introductory period during which time I may be discharged without recourse; and (7) That the use of this application form does not indicate there are any positions open and does not in any way obligate the Company or its associated Companies.

I agree that, except for certain exceptions described below, all disputes, claims and/or causes of action arising out of or related in any way to my employment are subject to final and binding arbitration in accordance with the most current rules of the American Arbitration Association. Interpretations will be according to Louisiana law, unless federal law prevails. In either case, all discussions and proceedings will be in Lafayette, Louisiana. "Disputes, claims and/or causes of action" includes, but not limited to, claims alleging discrimination, sexual harassment, failure to hire, failure to promote, wrongful termination or discharge, and personal injury. "Arising out of or related in any way to your employment" includes, but not limited to, claims against The Cajun Company, Inc. or subsidiary corporations, any project owner, engineer or contractor for whom or with whom TCCI has done or may be doing work at any time during your employment and any person, company or entity to whom TCCI owes any duty of indemnity. I understand this agreement is intended to apply only to causes of action which might be brought by me or someone acting on my behalf, in a court of law. By way of example only, such causes of action include claims under federal, state, and local statutory or common law such as the Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the Equal Pay Act, the law of contract and the law of tort. This agreement does not and is not intended to prevent me from filing for workers' compensation or unemployment compensation, nor is it intended to prevent me from filing charges or complaints with the National Labor Relations Board, the Federal Equal Employment Opportunity Commission, and the Federal Occupational Safety & Health Administration, other federal, state or local administrative agencies having similar responsibilities. I understand that acceptance of the terms and conditions of this Arbitration section is a condition of my employment with The Cajun Company, Inc.

Any provisions or part thereof of these policies held to be void or unenforceable under any applicable law shall be stricken and all remaining provisions shall continue to be valid and binding.

RELEASE *(Read Carefully)*

I, the undersigned, authorize all educational institutions which I have attended, all branches of U.S. military service in which I have served, all of my former and present employers, all credit bureaus, all court systems and all of the representatives of those organizations to furnish The Cajun Company, Inc. or its subsidiaries, associated companies or representatives any and all information concerning my education, military service, former employment, credit history and/or criminal convictions. In addition, I hereby agree to hold harmless and to release all of said organizations, institutions, services, employers, bureaus, courts and representatives from any and all claims that I may have, or which may arise against any and/or all of them, including The Cajun Company, Inc., its subsidiaries, associated companies and representatives as a result of their furnishing information to the Company, its subsidiaries, associated companies or representatives.

Date:

Signature of Applicant:

*The Cajun Company, Inc. is an Equal Opportunity Employer.
All applications are considered for employment without regard to race, color, sex,
gender, marital status, age, religion, national origin, disability that can be accommodated
without undue hardship, or any other legally protected status.*