

MILITARY

Branch	Date of Entry	Date of Discharge	Rank at Discharge
Describe your duties:			

SKILLS

List and describe any special skills, experience, or aptitudes that you feel qualify you for a position with our Company: _____

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REFERENCES

List three businesses, professional or other references who can attest to your work capabilities (do not include relatives or former employers).

Name	Address	City	State	Zip	Phone #	Occupation

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NOTIFICATION

In the event of an emergency, notify the following persons (not your spouse):

Name	Address	City	State	Zip	Phone #	Occupation

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EMPLOYMENT ELIGIBILITY STATUS

Are you lawfully eligible to be employed in the United States? Yes _____ No _____
(Proof of citizenship or immigration status is required upon employment.)

Would you be willing to relocate elsewhere if position is not available in your area? Yes _____ No _____

EMPLOYMENT HISTORY

Please list on the following page all your previous employment. Account for all your time including periods of unemployment. (If you have been self-employed, please give details such as name of the firm, location and why business was discontinued.) Begin with your most recent job and work back.

Company _____ Type of Business _____
Address _____ Phone # _____
Date Started _____ Date Left _____ Position _____
Supervisor's Name _____ Final Rate of Pay _____
Description of Duties _____
Reason for Leaving _____

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Company _____ Type of Business _____
Address _____ Phone # _____
Date Started _____ Date Left _____ Position _____
Supervisor's Name _____ Final Rate of Pay _____
Description of Duties _____
Reason for Leaving _____

=====
Company _____ Type of Business _____
Address _____ Phone # _____
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=====
Company _____ Type of Business _____
Address _____ Phone # _____
Date Started _____ Date Left _____ Position _____
Supervisor's Name _____ Final Rate of Pay _____
Description of Duties _____
Reason for Leaving _____

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Please explain any periods during which you were not employed (except for military service) _____

Have you ever been terminated or asked to resign from a job? Yes _____ No _____ If yes, explain: _____

IMPORTANT: READ THIS CAREFULLY BEFORE SIGNING & DATING APPLICATION

NOTICE: An investigative consumer report involving information concerning your character, employment history, general reputation, police record, personal habits, mode of living, credit and indebtedness may be obtained prior to any offer of employment. You may be asked to fill out forms authorizing us to receive this information.

I certify that the answers given by me on this application are true, correct, and complete. I agree that any misstatement or pertinent omission made by me in this application may be cause for my rejection, or if hired, ay subsequently subject me to dismissal. Moreover, I understand that all offers of employment are conditioned upon passing the company's prescribed physical medical examination and drug test.

In the event of employment, I will comply with all company rules and regulations as may be established from time to time. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the company does not offer contracts of employment, I understand that nothing contained in this application form or any employee handbook is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that, of employed, I have the right to terminate my employment at any time and likewise, the company has the same right.

_____, 20____

Signature of Applicant

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER. All qualified applicants are considered for employment without regard to race, color, sex, age (40 and over), religion or national origin, disability, veteran or other protected status.

CRIMINAL HISTORY INFORMATION REQUEST

The applicant listed below has applied to **TAC REAL ESTATE, LLC**. As part of our policy, we are requesting a check of your arrest records to determine if the applicant has ever been convicted of any state or municipal violation in your jurisdiction.

The applicant has been made aware of our policy and by his/her signature, is personally agreeable to the release of the requested information. All information received will be held in strict confidence between TAC Real Estate, LLC, and the applicant.

ADDRESS: TAC Real Estate, LLC
 3805 Gilbert Drive
 Shreveport, La 71104

Signature of Human Resource Representative

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APPLICANT INFORMATION

PLEASE FILL OUT AND PRINT CLEARLY ALL INFORMATION EXCEPT SIGNATURE

FULL NAME _____ RACE _____ SEX _____

ADDRESS _____ STATE _____ ZIP _____

STATE OF BIRTH _____ DATE OF BIRTH _____ SSN _____

DRIVERS LICENSE # AND STATE _____ PARISH/COUNTY YOU RESIDE _____

APPLICANTS SIGNATURE _____

By this signature, I authorize the release of my arrest and conviction record and waive such legal rights that may arise out of this release all persons from liability in connection with said release of this information.

List all parishes and/or counties, and the state, in which you have lived during the last 7 years:

Important: The department of law enforcement cannot make an accurate identification based upon name and date of birth only. Any information contained on any name check is subject to verification between the requesting party and the applicants. Law enforcement agency assumes no responsibility for any action resulting from the information furnished.

RECORDS DIVISION CLERK SUPPLYING INFORMATION

DFWP Acknowledgement of Receipt of Policy and Consent to Testing

I certify that I have received a copy of my company's Drug Free Workplace Policy and I have read it and understand it.

I agree to comply with the company's policy on drugs and/or alcohol and understand failure to comply is grounds for discipline, up to and including termination.

I consent to submit to drug and/or alcohol testing as outlined in the company's policy.

I consent to provide specimens at the assigned collection site(s) and further consent to have the specimens tested for drugs and/or alcohol at a Department of Health and Human Services (DHHS) certified laboratory. I also consent to have alcohol tests performed in accordance with the company policy.

I consent to the release of the laboratory test results in accordance with the company policy to the selected Medical Review Officer (MRO). I will be given an opportunity to discuss a positive test result with the MRO before the test result is reported to the company or their workers' compensation insurance carrier as a verified positive. I consent to the release of results of a saliva test, an Evidential Breath Test (EBT), and/or a blood test by a certified technician to the company. In the event of a post accident test result, the test result may also be provided to my workers' compensation insurance carrier.

Date: _____

Employee Name: _____

Employee Social Security Number: _____

Employee Signature: _____

Company Name: _____

NOTE: This certificate should be retained in a secured file.

DFWP Previous Employment Testing History

I consent to allow, _____ my current employer, to release to potential employers with whom I may seek employment in the future, the results of any drug and/or alcohol tests to which I have submitted.

I understand that no additional information, medical or otherwise, may be release to anyone without my written consent.

Section I: To be completed by the employee

Employee Name: _____	
Address: _____	City, State & Zip: _____
Phone #: () _____	Social Security #: _____
Date: _____	Signature: _____

Section II: To be completed by the current employer

Employee Name: _____	
Address: _____	City, State & Zip: _____
Phone #: () _____	Social Security #: _____
Date: _____	Signature: _____

Section III: To be completed by the prospective employer

Employee Name: _____	
Address: _____	City, State & Zip: _____
Phone #: () _____	Social Security #: _____
Date: _____	Signature: _____

NOTE: This certificate should be retained in a secured file.