



101 Galbert Road, Lafayette, LA 70506 Phone 337-233-0306 Fax 337-233-0307

ATTN: ALL APPLICANTS
FROM: THOMAS "MAC" DOUCET
RE: MANDATORY EQUIPMENT

The following equipment is required for employees at their own expense:

ALL APPLICANTS MUST HAVE: *Hard Hats *Crescent Wrench
*Safety Glasses *Knife
*Safety Vest *Steel Toe Boots

ALL WELDERS/FITTERS MUST HAVE: *Mini Grinders *Torches
*Hand Tools

I have read this and understand that this is a requirement for employment

X _____ All Applicants/Employees must be at least 18 years of age!

PLEASE COMPLETE THE FOLLOWING:

Name: _____ SS# _____

Address: _____ City/State/Zip _____ Optional _____

Do you have your own reliable transportation? Yes _____ No _____

Position applying for: (Please indicate whether you are seeking "Shop" or Offshore" work by circling one of them.)

- SHOP Pipe Welder, Structural Welder, Structural Fitter, Pipe Fitter, Crane Operator, Rigger, Sand Blaster/Painter
Offshore Pipe Welder, Structural Welder, Structural Fitter, Pipe Fitter, Crane Operator, Rigger, Sand Blaster/Painter

(Please attach copies of all applicable Certificates/Cards.)

FOR OFFICE USE ONLY

Interviewing Supervisor: _____ Date Hired: _____

Welding test passed? Yes _____ No _____ Rigger Training? _____ Yes _____ No _____

Physical passed? Yes _____ No _____ Other training? _____ Yes _____ No _____

Drug screen passed? Yes _____ No _____ If yes, please list: _____

New hire orientation? Yes _____ No _____

Starting pay, if hired: _____ Hired position: _____

Comments: _____

ALLISON

APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

				DATE
NAME			SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE		
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PERMANENT ADDRESS				
STREET		CITY	STATE	ZIP
PHONE NO.	ARE YOU 18 YEARS OR OLDER?			YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?			YES <input type="checkbox"/>	NO <input type="checkbox"/>

LAST

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
REFERRED BY		

FIRST

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

MIDDLE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITES: (CIVIC, ATHLETIC, ETC.)
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE AND YEAR	MONTH	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

IN CASE OF
EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS:

NEATNESS

ABILITY

HIRED: YES NO

POSITION

DEPT

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED:

1

2

3

EMPLOYMENT MANAGER

DEPT HEAD

GENERAL MANAGER