

1115 Boone St Leesville, LA 71446 Phone: 337-404-4115 Fax: 337-404-4119 jgremillion@clmsmetal.com



### **APPLICANT INFORMATION**

Last Name :		First Nai	me :	M.I.:	Date :	
Street Address :				Apartment/U	nit # :	
City :		State :		ZIP:		
Phone :		E-mail Address :				
Date Available :		Social Security No. :		Desired Salary :		
Position Applied for :						
Are you a citizen of the United States?	Yes	No	If no, are you authorized to w	ork in the U.S	.? Yes	No
Have you ever worked for this company?	Yes	No	If so, when?			
Have you ever been convicted of a felony?	Yes	No	lf yes, explain			

#### **EDUCATION**

High School :			Address :		
From :	To :	Did you graduate? Yes	No	DEGREE :	
College :			Address	:	
From :	To :	Did you graduate? Yes	No	DEGREE :	
Other :			Address	:	
From :	To :	Did you graduate? Yes	No	DEGREE :	

### REFERENCES

Full Name :	Relationship :
Company :	Phone :
Address :	
Full Name :	Relationship :
Company :	Phone :
Address :	
Full Name :	Relationship :
Company :	Phone :
Address :	

# **PREVIOUS EMPLOYMENT**

Company :			Phone :			
Address :			Supervisor :			
Job Title :		Starting Salary \$:	I	Ending Salary \$ :		
Responsibilities :						
From :	To :	Reason for Leaving :				
May we contact you	ur previous superv	isor for a reference? Yes No				
Company :			Phone :			
Address :			Supervisor :			
Job Title :		Starting Salary \$:	I	Ending Salary \$ :		
Responsibilities :						
From :	To :	Reason for Leaving :				
May we contact your previous supervisor for a reference? Yes No						

## MILITARY SERVICE

Branch :	From :	To :
Rank at Discharge :	Type of Discharge :	
If other than honorable, explain		

### **DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature :

Date :