

Port Aggregates, Inc.
314 North Main Street
Jennings, Louisiana 70546
337-824-7625

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

Personal Information

Name _____ Date _____

Social Security Number _____

Dr. License Number _____

Address _____

Phone _____ Referred by _____

Employment Desired

Position _____ Date you can start _____

Are you employed now? Yes ___ No ___ If so, may we contact your employer? _____

Have you applied here before? _____ Are you over 18 years old? _____

Education

High School _____

Years completed _____ Diploma/ Degree _____

College/ University/ Technical _____

Years completed _____ Diploma/ Degree _____

Course of Study _____

General

Describe any Specialized Training, Apprenticeship, or job related skills:

References List below three persons not related to you, whom you have known at least one year.

<i>Name</i>	<i>Address</i>	<i>Position</i>	<i>Years Acquainted</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Employment History/ Previous Employers

Company Name _____

Address _____

Telephone Number _____ Salary _____

Date of Employment ___ From _____ To _____

Supervisor _____ Reason for Leaving _____

Principal Duties _____

Company Name _____

Address _____

Telephone Number _____ Salary _____

Date of Employment ___ From _____ To _____

Supervisor _____ Reason for Leaving _____

Principal Duties _____ Vehicle Operated _____

Company Name _____

Address _____

Telephone Number _____ Salary _____

Date of Employment ___ From _____ To _____

Supervisor _____ Reason for Leaving _____

Principal Duties _____ Vehicle Operated _____

Company Name _____

Address _____

Telephone Number _____ Salary _____

Date of Employment From _____ To _____

Supervisor _____ Reason for Leaving _____

Principal Duties _____ Vehicle Operated _____

If you are to be 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. You cannot be hired if you cannot comply with these requirements.

Authorization

I certify 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, including obtaining my motor vehicle records, criminal records, credit records, or any other necessary information pertinent to the Company. 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 such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my 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.

If I am offered employment, I agree to submit to a medical examination or drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any deemed appropriate time by the Company and as permitted by law. I consent to such examinations and tests and I request that the examiner disclose to the company results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, 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.

Date: _____

Signature: _____