

**R. D. SPELL, INC.**  
**P. O. BOX 188**  
**WESTLAKE, LA 70669**  
**(337) 433-1661**

**EMPLOYMENT APPLICATION**

PERSONAL INFORMATION			
Last Name	First	Middle Initial	Date
Address			Home Telephone
City	State	Zip Code	Other Telephone
Social Security Number:	Operator's Driver's License No.:		In Case of Emergency, Notify: Name:
	Expiration Date:		
Safety Card No.	Commercial Driver's License No.		Phone:
Expiration Date:	Expiration Date:		

EMPLOYMENT DESIRED	
Foreman <input type="checkbox"/> Pay Expected \$	<b>CHECK THE AREAS IN WHICH YOU HAVE EXPERIENCE:</b> Track Backhoe <input type="checkbox"/> Excavator <input type="checkbox"/> Cement Finishing <input type="checkbox"/>  Rubber Tire Backhoe <input type="checkbox"/> Paving Machine <input type="checkbox"/> Dozer <input type="checkbox"/>  Motor Grader <input type="checkbox"/> Other <input type="checkbox"/> _____      Other <input type="checkbox"/> _____
Operator <input type="checkbox"/> Pay Expected \$	
Driver <input type="checkbox"/> Pay Expected \$	
Laborer <input type="checkbox"/> Pay Expected \$	
Have you ever applied to this company before? _____ When? _____ Where? _____ Have you ever worked for this company before? _____ When? _____ Where? _____ Who referred you to this company? _____ Relatives/Friends working here? _____ Date you can start: _____ Are you employed now? _____ If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Desired Status (Check one): <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary/ Internship	

EDUCATION			
School	Name and location of School	Number of years attended? Circle Last Year Completed	Subjects Studied/ Degree Received
Trade/Business Technical			
College		<b>1 2 3 4 +</b>	
High School		<b>1 2 3 4 +</b>	
Elementary/ Middle School		<b>1 2 3 4 5 6 7 8</b>	

FORMER EMPLOYERS (List below your last three employers; start with your present or most recent employer.)				
Date: Month/Year	Employer's Name/ City / State	Position	Salary	Reason For Leaving
From: To:				
From: To:				
From: To:				

**MILITARY**

Did you serve in the U. S. Armed Forces?  Yes  No Branch: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ List Special Training: \_\_\_\_\_

Present membership in National Guard or Reserves?  Yes  No

Have you received any job-related training in the United States Military?  Yes  No

*If yes, please give dates and explanations below.*

\_\_\_\_\_

\_\_\_\_\_

Honorable Discharge:  Yes  No

**SPECIAL QUESTIONS**

**DO NOT answer ANY of the questions in this framed area unless the employer has CHECKED [√] the box preceding the question; Thereby indicating that the information is required for a bona fide occupational qualification.**

[√] Do you have any physical limitations that preclude you from performing manual labor:  Yes  No  
If yes, please describe fully: \_\_\_\_\_

[√] Were you ever seriously injured:  Yes  No If yes, provide details: \_\_\_\_\_

[√] Have you ever received workers' compensation or disability income payments?  Yes  No  
If yes, provide details: \_\_\_\_\_

[√] Have you ever been convicted of a felony or a misdemeanor within the past ten (10) years?  Yes  No  
If yes, describe in full: \_\_\_\_\_

[√] What was your previous address? \_\_\_\_\_ How long at present address? \_\_\_\_\_  
\_\_\_\_\_ How long at previous address? \_\_\_\_\_

[√] Are you 18 years of age or older?  Yes  No (If not, employment is subject to verification of age.)

[√] Have you ever been bonded?  Yes  No If yes, with what employers? \_\_\_\_\_

[√] Marital Status:  Single  
 Married Number of dependents, including yourself: \_\_\_\_\_

**SIGNATURE / AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements herein, including former employers listed above, to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and hereby release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that I may be required to take one or more of the following: DRUG TESTING, PHYSICAL EXAMINATION, and/or LIE DETECTOR TEST. I agree and consent to take such test(s) at such time as designated by R.D. Spell, Inc. and/or employees from any claim arising in Connection with the use of such test(s).  Yes  No

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(You must sign your application)

**FOR OFFICE USE ONLY**

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