## **APPLICATION FOR EMPLOYMENT**

DATE:	

**Cajun Sugar Company, LLC**, is an Equal Opportunity Employer, and it also acknowledges that Louisiana is an At-Will Employment state in which to work. All applications are considered for employment without regard to race, color, sex, age, disability, religion, national origin or military veteran status. Applicants with disabilities who desire accommodation in completing the pre-employment questionnaire are invited to discuss their needs with the Personnel Manager.

Please fill in all spaces, if an item does not apply to you, write "none". This application will be considered current for 30 days from this date, after that time, the application must be renewed to be considered.

## PLEASE PRINT CLEARLY IN INK

NAME				
Last	First	Middle Initial		
ADDRESS			TELEPHONE	NO
Numb	er & Street	(Apartmen	nt No.)	
City	Sta	ate	Zip Code	
Are you over 18 year Do you have a driver	•	esNo (If yes!)	. O N	F : (: D (
How are you referred	for employment?_	Sta	te Operators No.	-
•		before?Yes		
Have you worked at	a sugar mill before?	YesNo I	f so, when:	
Position applying for	:			
Wage or salary desire	ed: \$	Date avai	ilable for work:	
		timePart time _ ours and what days yo		
Do you have a prefer	ence for a particular	shift, if available	YesNo	
If yes, please specify	<u>.</u>			
Are you willing to w	orkOvertime	Evenings	_Weekends?	
Are you presently em	ployed?Yes_	No Why do you	wish to change jobs?_	
=		in addition to workin		YesNo
		YesNo If so T		
List duties in service	including special tr	aining:		

HIGH SCHOOL:				1 2 3	4	YES NO
COLLEGE				1 2 3	4	YES NO
OTHER				1 2 3	4	YES NO
List any additiona	e or trade school, what could work experience, skills, it is osition applied for or gene	information, l	icense, certificat	ions, and sp	ecial study	
Please list any rela	ntives or friends employed	by this comp	any:			
NAME:			RELATION	SHIP		
	ERENCES: Please list thr employers, or employees o	-		nals, or othe	r persons wl	ho are not
NAME:		O	CCUPATION:_			
ADDRESS:						
TELEPHONE NO	)	I	HOW LONG KN	NOWN:		
NAME:		O	CCUPATION:_			
ADDRESS:						
TELEPHONE NO	0	I	HOW LONG KN	NOWN:		
NAME:		0	CCUPATION:_			
TELEPHONE NO	)	F	HOW LONG KN	NOWN:		

ADDRESS OF

SCHOOL

NAME OF SCHOOL:

CIRCLE YEAR

COMPLETED

GRADUATED

?

EDUCATION

## **EMPLOYMENT HISTORY:** Please lists your last three places of employment starting with the most recent.

EMPLOYER'S NAME:	DATES WORKED:				
	FROM				
SUPERVISOR'S NAME:					
DEACON FOR LEAVING.	STARTING				
REASON FOR LEAVING:					
YOUR JOB TITLE AND DUTIES:					
EMPLOYER'S NAME:	DATES WORKED:				
	FROM				
SUPERVISOR'S NAME:	WAGE / SALARY: STARTING				
REASON FOR LEAVING:					
YOUR JOB TITLE AND DUTIES:					
EMPLOYER'S NAME:	DATES WORKED:				
GVIDED VIGODIG VALVE	FROM				
SUPERVISOR'S NAME:	WAGE / SALARY: STARTING				
REASON FOR LEAVING:					
YOUR JOB TITLE AND DUTIES:					
Please account for all periods of unemployment lo	nger than three (3) months:				
Have you ever been convicted of a crime by a civilYesNo If so, give details:		violation)?			

(Conviction of a crime is not an automatic bar to employment, all circumstances will be considered.)

## **IMPORTANT: READ CAREFULLY**

I certify that my answers to the foregoing questions are true and correct, and understand that any false or misleading information or omission on the application shall be sufficient cause for rejection or immediate dismissal. I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former employer(s) and all other persons named herein who might have information concerning me, to give any information regarding my former employment or any other information they may have regarding me.

In making this application for employment, it is understood and accepted that as part of the employment process, and or during employment with Cajun Sugar Company, LLC, I may be asked to submit to physical examinations which may include testing for alcohol and drugs, and / or be fingerprinted, all in accordance with the law. I understand that employment may be conditional upon the results of these examinations. If employed by signing this application, I hereby agree to submit to such examinations, tests, and fingerprinting and release all persons and companies from any liability arising out of such examinations, tests, and fingerprinting. I understand that the use of this form does not indicate that there are positions open and does not obligate Cajun Sugar Company, LLC. If employed, I agree to abide by and observe all rules and regulations. I further understand that any such future employment is terminable by either party at will with or without notice or cause. No person other than the General Manager of Cajun Sugar Company, LLC, may modify or amend the provisions stated herein.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history through any investigative agencies or bureaus of your choice.

Cajun Sugar Company, LLC, is an Equal Opportunity Employer.

APPI ICANTS SIGNATURE:	DATE: