

# APPLICATION FOR EMPLOYMENT



**Baton Rouge:** 11626 Sherwood Forest Ct. Baton Rouge, LA 70816 / Phone (225) 922-9495 / Fax (225) 922-9248

**Harahan:** 1617 Hickory Avenue, Harahan, LA 70123 / Phone (504) 739-9866 / Fax (504) 287-4358

Rev. 3 10/12/11

**Inka's Uniforms is an Equal Opportunity Employer. Qualified applicants are considered for employment without regard to age, race, color, religion, sex, national origin, disability, veteran status, or political affiliation.**

Location Applied For: Baton Rouge / Harahan	Application Date:
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### I. PERSONAL INFORMATION

Name:	Home Telephone: (     )	Cell Phone: (     )
Address:	City:	State:     Zip Code:
Position Applied For:	Desired Position Status: (Circle One) Part-time / Full-time	Salary Desired:
Day(s) Available to Work: Sun    Mon    Tue    Wed    Thu    Fri    Sat	Date Available to Start:	Email Address:

### II. EMPLOYMENT HISTORY (Start with present or most recent employer)

Company Name	From:		To:		Starting Pay:	Ending Pay:	# of Hours/week:
	Mo.	Yr.	Mo.	Yr.			
Address:							
Your Job Title:				Reason for Leaving:			
Name of Supervisor:		Describe the work you performed:					
Telephone:							
Company Name	From:		To:		Starting Pay:	Ending Pay:	# of Hours/week:
	Mo.	Yr.	Mo.	Yr.			
Address:							
Your Job Title:				Reason for Leaving:			
Name of Supervisor:		Describe the work you performed:					
Telephone:							
Company Name	From:		To:		Starting Pay:	Ending Pay:	# of Hours/week:
	Mo.	Yr.	Mo.	Yr.			
Address:							
Your Job Title:				Reason for Leaving:			
Name of Supervisor:		Describe the work you performed:					
Telephone:							

### III. EMPLOYMENT REFERENCES

List individuals familiar with your job qualifications (no relatives or personal friends).

Name	Company Name	Phone Number	Relationship	Years Known

**IV. EDUCATION**

Type of School	Name and Location of School	Degrees/ Areas of Study	Dates Attended	Graduated Yes / No
High School	.....			
Technical College	.....			
College	.....			
Graduate School	.....			
Other (Specify)	.....			

**Additional Education** (list any certifications including in what state and dates valid):

**Other Training And Skills** (software knowledge, language, etc.):

**V. ADDITIONAL QUESTIONS**

Answer Yes or No to the following questions:	YES	NO
Are you legally authorized to work in the U.S.? (If hired, you will be required to provide proof of work authorization.)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever applied at this company before? If Yes, When?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been employed here previously? If Yes, specify dates:	<input type="checkbox"/>	<input type="checkbox"/>
Do you know an employee of Inka's? If Yes, Who?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a felony, misdemeanor or other criminal offense? If Yes, Explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted:	<input type="checkbox"/>	<input type="checkbox"/>

# APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

**\*PLEASE READ CAREFULLY BEFORE SIGNING\***

**IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE DISCUSS THEM WITH AN EMPLOYMENT REPRESENTATIVE BEFORE SIGNING THIS FORM.**

I, \_\_\_\_\_, hereby certify that all statements made on this application  
(Print Name)

are true, complete, and correct to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the

I understand that if offered a position with Inka's, I may be required to submit to a pre-employment medical examination, drug screening, motor vehicle record check and background check as a condition of employment. I understand that unsatisfactory results

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*\*\* DO NOT FILL OUT SECTION BELOW; FOR INKA'S REPRESENTATIVE ONLY\*\*\***

Remarks:

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Hired: (Y/N)	Start Date:	Position:	Salary:	Reviewed by:	Date Reviewed: