

APPLICATION FOR EMPLOYMENT

Louisiana Association for the Blind (LAB) is an Equal Opportunity Employer. LAB does not discriminate on the basis of age, sex, race, religion, national origin, disability, veteran status or any other classification protected by Federal, state, or local law. LAB is a drug free work place. Applicants will be required to pass a pre-employment drug screen.

Last

PERSONAL INFORMATION

Date			
Name			
Last	First	Middle	
Present Address			
Street	City	State	Zip
Permanent Address			
Street	City	State	Zip
Phone No.			
Referred By		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

First

Middle

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

EDUCATION

Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied and Degree(s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

(Continued on Other Side)

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (Upon Leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

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

Name	Address	Position	Years Acquainted
1			
2			
3			

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 that 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, and 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 or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any 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 and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the 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

DateSignature

DATE _____

**LOUISIANA ASSOCIATION FOR THE BLIND
EMPLOYMENT DATA RECORD
VOLUNTARY SURVEY**

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply. This data is for statistical analysis with respect to the success of the Affirmative Action program. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Current Position		
Circle one:		
Male		Female
Circle one of the following: (ethnic origin)		
White	Hispanic	American/ Alaskan Native
Black	Asian/Pacific Islander	Other
Circle if any of the following are applicable:		
Vietnam Era Veteran	Disabled Veteran	Blind/Visually Impaired
Birth Date (mm/dd/yy)		

APPLICANT'S SIGNATURE