



Labarre Associates, Inc. is an Equal Opportunity Employer. All applications for employment are considered without regard to an individual's race, religion, national origin, sexual orientation, sex, age, or physical or mental disability. Employment applications are kept in an active file for 60 days. After 60 days, it will be necessary to reapply in order to be considered for employment. Employment at Labarre Associates, Inc. is at will. Successful completion of this application does not imply a contract of employment.

EMPLOYMENT APPLICATION

Date _____

PERSONAL INFORMATION

Name _____

Address _____

Email _____

Home Phone _____

Cell Phone _____

Alternate Phone _____

Are you 18 years of age or older? Yes No

Have you ever been involuntarily discharged from a job? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain: _____

List any other names or aliases used _____

Do you have a valid Driver's License? Yes No State _____

Have you had any auto accidents in the past three years? Yes No

Have you had any traffic violations in the past three years? Yes No

Can you provide evidence that you are legally authorized to work in the US? Yes No

List any relatives employed by Labarre Associates, Inc.

NAME	RELATIONSHIP

Position applied for _____

Salary desired _____

Date available to begin work _____

Full or Part time _____

How were you referred to us? _____

EDUCATION

TYPE OF SCHOOL	NAME/ADDRESS OF SCHOOL	# OF YEARS COMPLETED	MAJOR OR DEGREE

PROFESSIONAL REGISTRATION / CERTIFICATION / LICENSURE

TYPE	NUMBER	STATE

MILITARY EXPERIENCE

Are you or were you in the U.S. Armed Forces? Yes No

Dates of Duty _____ Rank at separation _____

Briefly describe your duties and training _____

SKILLS / EXPERIENCE

Typing ____wpm
 Word processing
 Microsoft Office
 Microsoft Outlook
 Presentations
 AutoCAD
 Archibus
 Foreign Language _____
Other software skills _____
Identify any other skills that are relative to the job which you are applying _____

Indicate any honors, professional societies, and related professional activities that you feel might be helpful in considering your application _____

EMPLOYMENT HISTORY

EMPLOYER	TITLE
ADDRESS	SUPERVISOR
BUSINESS PHONE	SUPERVISOR PHONE
EMPLOYMENT DATES FROM _____ TO _____	STATUS <input type="radio"/> FULL TIME <input type="radio"/> PART TIME <input type="radio"/> TEMPORARY <input type="radio"/> AS NEEDED <input type="radio"/> SEASONAL
BEGINNING SALARY	ENDING SALARY
PRINCIPAL JOB DUTIES	
REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? <input type="radio"/> YES <input type="radio"/> NO	

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REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? <input type="radio"/> YES <input type="radio"/> NO	

REFERENCES

List three individuals, other than relatives, we may contact to verify your qualifications for the position.

NAME			
OCCUPATION			
COMPANY			
PHONE NUMBER			

APPLICANT AGREEMENT

Selected applicants may be subject to a comprehensive background check which may include, but is not limited to, prior employment verification, professional reference checks, education confirmation, criminal background, credit check, and/or a Motor Vehicle Report. Failure to consent for such examinations or screenings at the time specified by Labarre Associates, Inc. may result in disqualification for employment.

The employment relationship between Labarre Associates, Inc. and its employees is completely at will and may be terminated by either party at any time.

AFFIDAVIT

I certify that the answers given by me to the foregoing statements are true and correct without omissions of any kind whatsoever. I understand and agree that Labarre Associates, Inc. reserves the right to terminate my employment, or retract an offer of employment at any time with or without reason, including if it determines that I have falsified, omitted any information from, or included any extraneous information in this application.

I am not an illegal drug user and at this time and I can pass a drug screen. I understand that if I am put to work, and the results of a drug test show the presence of illegal drugs in my body, I will be immediately discharged.

I also understand that a discharge from employment for filing a fraudulent employment application will jeopardize my right to receive unemployment insurance benefits which are based on my previous employment.

Providing false information on the application or during any part of the employment process may result in forfeiture of workers' compensation rights.

I agree that the schools, employers, police, and/or persons named above are free from all liability as a result of information released by them in verifying the accuracy of the information I have provided.

I understand that employment offers are conditional on the results of a background check. In addition, if accepted for employment, I hereby agree to abide by the rules, procedures, and policies of Labarre Associates, Inc.

I fully understand and agree to all conditions set forth above as indicated by my signature below.

Applicant printed name _____

Applicant signature _____

Date _____