



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

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ 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

DL #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

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	NUMBER 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
- Microsoft Outlook
- Archibus
- Word processing
- Presentations
- Foreign Language \_\_\_\_\_
- Microsoft Office
- AutoCAD

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? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>	

EMPLOYER	TITLE
ADDRESS	SUPERVISOR
BUSINESS PHONE	SUPERVISOR PHONE
EMPLOYMENT DATES FROM _____ TO _____	STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> AS NEEDED <input type="checkbox"/> SEASONAL
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PRINCIPAL JOB DUTIES	
REASON FOR LEAVING	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> 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

## **AUTHORIZATION FOR BACKGROUND CHECK**

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Labarre Associates, Inc., to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Labarre Associates, Inc., will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

## **PRE-EMPLOYMENT DRUG TESTING CONSENT & RELEASE**

I hereby consent to submit to the testing for drugs and/or alcohol as shall be determined by Labarre Associates, Inc., in the selection process of applicants for employment, for the purpose of determining the drug and/or alcohol content thereof.

I agree that an outside agency selected by Labarre Associates may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the company for analysis. I further agree to and hereby authorize the release of results of said test to the company.

I understand that my current use of illegal drugs may prohibit me from being employed at this Company.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_