

Title: Application For Employment	Revision: 2	Effective Date: 15 July 2015	Section: AF022
	Prepared By: R. Bonvillain	Approved By: R. Bonvillian	Page 1 of 5



## Application for Employment

- All information obtained within this application will be held in strict confidence, subject to applicable law.
- Please complete all applicable sections and sign the last page.
- Please print clearly.
- International travel may be required for certain positions and valid passport may be required upon hire.

**Capitol Ultrasonics LLC prides itself on being an Equal Opportunity Employer. We will not discriminate in employment because of sex, age, race, physical disability, religion, ethnicity, mental disability, marital status, ancestry, or place of origin.**

**1**

### PERSONAL INFORMATION

**DATE:**

Are you legally entitled to work in the USA?  Yes  No **TWIC Card Expiration Date:**

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Parish: \_\_\_\_\_

Position (s) applied for: \_\_\_\_\_ E-mail \_\_\_\_\_

Date you are available for employment: \_\_\_\_\_ Wage or salary desired: \$ \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

LA Driver's License #: \_\_\_\_\_

**2**

### EDUCATIONAL BACKGROUND

Capitol Ultrasonics LLC has a company policy stating a minimum educational level of Grade 12 or equivalent for all positions.

EDUCATIONAL BACKGROUND – relevant to the position applied for:

Highest level of education completed: \_\_\_\_\_

Present Name: \_\_\_\_\_

Was your name different at time of testing? If so, please list your full name. \_\_\_\_\_

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High School through which Equivalency diploma was issued:

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Year Tested:

Year Diploma was Received:

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Were you in the military at the time of testing, or were you a veteran? Check if yes

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Phone Number:

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Signature:

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Please answer the following questions Yes or No:

#	Question	Answer (Yes or No)	Explanation Attached (Yes or No)
1	In the past five years have you been convicted or pled guilty to a crime that carried a potential penalty of imprisonment of two and a half years or longer? The actual sentence is the determining factor.		
2	Are you now under advisement for a crime that carried a potential penalty of imprisonment of two and a half years or longer? The actual sentence is not important. The potential sentence is the determining factor.		
3	Have you been adjudicated insane within the past five years?		
4	Have you been determined to be addicted to drugs or alcohol by a medical authority within the past five years?		
5	Within the past five years, have you been convicted of a crime of violence?		
6	Are you now under advisement for a crime of violence?		

The above information is complete and accurate. I understand that Capitol Ultrasonics LLC will investigate my answers and that false or incomplete answers may be grounds for denial of employment.

Signature

Date

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What machines or equipment have you operated, that relate to the position you have applied for?

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Are there any skills, experience, or other qualifications that you feel would assist you in performing the duties of the position you have applied for?

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**3a**

**LIST BELOW YOUR PREVIOUS EMPLOYERS, COVERING A MINIMUM OF YOUR LAST THREE YEARS OF WORKING HISTORY - - ALL THE INFORMATION ON THIS PAGE IS NOW REQUIRED BY THE DEQ (DEPARTMENT OF ENVIRONMENTAL QUALITY)!**

Employer's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Reason for Departure: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Salary Upon Termination: \_\_\_\_\_

Duties: \_\_\_\_\_

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**3b**

Employer's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Reason for Departure: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Salary Upon Termination: \_\_\_\_\_

Duties: \_\_\_\_\_

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**3c**

Employer's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Reason for Departure: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: (     )

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Position(s) Held: \_\_\_\_\_

Salary Upon Termination: \_\_\_\_\_

Duties: \_\_\_\_\_

**4**

**LIST BELOW A MINIMUM OF TWO PERSONAL REFERENCES:**

Reference Name	Relationship to you	Telephone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IN CASE OF EMERGENCY, CONTACT:** \_\_\_\_\_

**5**

**IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES DRIVING, PLEASE COMPLETE THIS SECTION:**

Do you have a valid driver's license? \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Do you have any driving violations currently on your record that would prohibit you from driving one of our company vehicles? (This includes any accidents, tickets (speeding, failure to yield, etc.), DWI or Reckless Operations.

Yes     No

**We will be running a Driver's Record History from the Department of Motor Vehicles – so be honest about your driving history!**

If yes, list dates & violations \_\_\_\_\_

\_\_\_\_\_

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**FALSE INFORMATION GIVEN OR IMPLIED ON AN APPLICATION FORM IS GROUNDS FOR IMMEDIATE DISMISSAL WITHOUT FURTHER NOTICE.**

I hereby state that all information provided is accurate and may be verified by you. I agree that I may be discharged if **Capitol Ultrasonics LLC** at any time learns of falsification or material omission in the information provided on this application form and related documents. **Capitol Ultrasonics LLC** may contact my former employer in connection with the consideration of my employment with them. All references are hereby authorized to release all information which they may have relevant to my employment with them. I hereby release **Capitol Ultrasonics LLC**, its affiliates, successors, and assigns, and all references from any liability that might be claimed because of information provided by such references.

I agree that I will follow all Company policies, rules, procedures, and all other directions pertaining to my employment. I understand that **Capitol Ultrasonics LLC** reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.**

**Note:** Additional personal information will be required to complete benefit forms after being hired.

**Thank you for showing an interest in pursuing a career with Capitol Ultrasonics LLC.**