



1458 Highway 190 West

Eunice, La. 70535

Tel: 337-457-4196

Fax: 337-457-4197

APPLICATION FOR EMPLOYMENT

Position Applied For _____ Date of Application _____

How did you learn about us? Advertisement ___ Friend ___ Employee ___ Relative ___

Last Name First Name Middle Name Date of Birth (DOB)

Home Address City State Zip Code

Home Telephone Number Cell phone Number Social Security Number(SSN)

Best Time to Call? _____ (AM/PM).

Have you ever filed an Application with us before? _____ Yes / _____ No.

Have you ever been employed with Eunice Rental before? _____ Yes / _____ No.

Do you have Friends or Relatives that work for Eunice Rental? _____ Yes / _____ No.

If yes give name and relationship: _____

Are you currently employed? _____ Yes / _____ No. Are you currently (Laid Off) _____ Yes / _____ No.

May we Contact your Current Employer? _____ Yes / _____ No.

Date Available for Work? ____/____/____.

What is your Desired Salary Range? _____ to _____ (___ Hourly ___ Monthly ___ Annual)

Are you Available to Work: ___ Full Time ___ Part Time ___ Temporary?

Can you Travel if job requires it? _____ Yes / _____ No.

EDUCATION:

College Name	Location	Years Completed	Degree/Diploma
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High School Name	Location	Years Completed	Graduated
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Vocational School	Location	Years Completed	Graduated
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Military Service	Branch Armed Forces	Year Discharged	Type of Discharge
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Driver's License Number _____ State of issue _____ Expiration Date _____
____ Operator ____ Commercial (CDL) ____ Chauffeur

Have you had any accidents during the past three years? ____ Yes / ____ No How many? _____

Have you had any moving violations during the past three years? ____ Yes / ____ No How many? _____

WORK EXPERIENCE:

Employer (Current)	Employer Address
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Employer's Telephone Number	Supervisor Name
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Reason for Leaving	Date Employed from - Date Employed to
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Starting Rate / Final Rate (___ Hourly ___ Monthly ___ Annual) May we Contact Employer? ____ Yes / ____ No.

Worked Performed _____

PREVIOUS EMPLOYMENT:

Employer (Last)

Employer's Address

Employer's Telephone Number

Supervisor Name

Reason for Leaving

Date Employed from - Date Employed to

Starting Rate / Final Rate(__ Hourly __ Monthly __ Annual)

May we Contact Employer? ____ Yes / ____ No.

Work Performed

SPECIALIZED SKILLS:

____ CDL License ____ Welding ____ Heavy Equipment Operator ____ Diesel Engine Repair ____ Small Engine

State any additional information you feel that may be helpful to us in considering you application for employment:

PERSONAL/PROFESSIONAL REFERENCES:

(No relatives or family members)

Name

Telephone Number

Best time to call

Occupation

1. _____

2. _____

3. _____

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that unless otherwise define by applicable law, any employment relationship with EUNICE RENTAL INC. is of an "at will" nature, which means that the employee may resign at any time and the employer(EUNICE RENTAL INC.) may discharge employee at any time with or without cause.

It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of EUNICE RENTAL INC.

In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date