



P.O. Box 3869  
6847 Greenwood Rd.  
Shreveport, LA 71133-3869  
(318) 631-5100

200 Windermere Blvd.  
Alexandria, LA 71303  
(318) 448-3877

10299 Airline Hwy.  
St. Rose, LA 70087-3013  
(504) 888-4870

P.O. Box 86186  
15151 Airline Hwy.  
Baton Rouge, LA 70879-8186  
(225) 753-5700

1111 West I-65 Service Road N.  
Mobile, AL 36618  
(251) 479-2909

1457 Ross Clark Circle  
Dothan, AL 36301  
(334) 793-1919



## EMPLOYMENT APPLICATION

### APPLICANT INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE"
2. COMPLETE BOTH SIDES OF THIS FORM.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.

TODAY'S DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST M.I.

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PRIOR ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

### APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

### AVAILABILITY

For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_ What category would you prefer?  Full-time  Part-time  Temporary  Labor pool  
For which schedules are you available?  Weekdays  Weekends  Evenings  Nights  Overtime  Shift  Other \_\_\_\_\_

### EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+  
NAME CITY/STATE DATES GRADUATE?

NAME	CITY/STATE	DATES	GRADUATE?
HIGH SCHOOL			
COLLEGE			
OTHER			

### SECURITY

List each state and county/parish where you have lived for the past seven years. \_\_\_\_\_

- Yes  No Have you used any names or Social Security Numbers other than those on this page? If so, please list on back.  
 Yes  No Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below.  
(In accordance with company policy, this information will be reviewed for job relatedness and time since last conviction.)

### INCIDENT

### CITY/STATE

### CHARGE

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

### JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

- Yes  No If the job requires, do you have the appropriate valid drivers license?  
DL# \_\_\_\_\_ Type \_\_\_\_\_ State of issue \_\_\_\_\_  
 Yes  No Have you had any moving violations? Please describe

Please list any other skills, licenses or certificates that may be job related or that you feel would be of value to this job or company. \_\_\_\_\_

- Yes  No Have you been given a job description or had the requirements of the job explained to you?  
 Yes  No Do you understand the requirements?  
 Yes  No Can you perform the requirements of this job with or without reasonable accommodation?

## EMPLOYMENT REFERENCES

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical.**

### MOST RECENT EMPLOYER

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_  
 TO \_\_\_\_\_ FROM \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_  
 DATES EMPLOYED \_\_\_\_\_  
 DUTIES \_\_\_\_\_  
 SALARY \_\_\_\_\_ PER \_\_\_\_\_ (HOUR, WEEK, MONTH) REASON FOR LEAVING \_\_\_\_\_

### SECOND MOST RECENT EMPLOYER

Yes  No Are you currently working for this employer?  
 Yes  No If yes, may we contact?

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_  
 TO \_\_\_\_\_ FROM \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_  
 DATES EMPLOYED \_\_\_\_\_  
 DUTIES \_\_\_\_\_  
 SALARY \_\_\_\_\_ PER \_\_\_\_\_ (HOUR, WEEK, MONTH) REASON FOR LEAVING \_\_\_\_\_

### THIRD MOST RECENT EMPLOYER

COMPANY NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_  
 TO \_\_\_\_\_ FROM \_\_\_\_\_ JOB TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_  
 DATES EMPLOYED \_\_\_\_\_  
 DUTIES \_\_\_\_\_  
 SALARY \_\_\_\_\_ PER \_\_\_\_\_ (HOUR, WEEK, MONTH) REASON FOR LEAVING \_\_\_\_\_

## REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		

## COMMENTS

ASK FOR AN ADDITIONAL PAGE, IF NECESSARY

## CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**EMPLOYMENT-AT-WILL POLICY**

I understand that nothing contained in my attached employment application or in the granting of an interview is intended to create an employment contract between **Louisiana Lift and Equipment, Inc./Allift Equipment** and me for either employment or for the providing of any benefit.

No promises regarding employment have been made to me, and I understand that no such promise is binding upon **Louisiana Lift and Equipment, Inc./Allift Equipment** unless made in writing.

If any employment relationship is established, I understand that I have the right to terminate my employment at any time and that **Louisiana Lift and Equipment, Inc./Allift Equipment** retains a similar right.

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Signature

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Date

# Release Authorization

## Applicant Complete the Following

- I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered. Check this box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by \_\_\_\_\_ or its agent, to furnish the information described in Section 1.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to \_\_\_\_\_. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 004 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name

LAST	FIRST	MIDDLE
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Please print other names you have used

Home Address

City

State	Zip Code
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Social Security Number

Date of Birth
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The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex:  Male  Female  
Race:  Asian  Black  Hispanic  White  Other

Driver's License Number

State Issuing License
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Name as it appears on license

Signature

Today's Date
--------------

If required, notarize here  
When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name
Date
Notary Public
My Commission Expires

## **Disclosure to Employment Applicant Regarding Procurement of A Consumer Report**

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:  
ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
800/367-5933

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Give copy with Summary of Rights to applicant. Retain a copy for your files.

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

**You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

**You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

**You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

**You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

**Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

**Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

**You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

**You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	<b>Office of the Comptroller of the Currency</b> Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board</b> <b>Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	<b>Office of Thrift Supervision</b> Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation</b> Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation</b> Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture</b> Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

## Affirmative Action Veteran Status Voluntary Information

Completion of Information below is voluntary.

FILL OUT FRONT & BACK

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, military/veteran status, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be file separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. The information will be used and kept confidential in accordance with the Vietnam-Era Veterans' Readjustment Assistance Act of 1974, as amended, and all other applicable laws and regulations.

### Applicant Information

Name	<input type="text"/>			Telephone	<input type="text"/>
	<small>Last</small>	<small>First</small>	<small>Middle</small>		
Address	<input type="text"/>				
	<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>	
Position(s) applied for	<input type="text"/>			Date of application	<input type="text"/>
Applicant Signature	<input type="text"/>				

### Veteran Status Information

Please check all boxes that apply to you:

- I am a veteran who served on active duty in the U.S. Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized.
- I am a veteran who, while serving on active duty in the U.S. Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985.
- I am a veteran who was discharged or released from active duty with the U.S. Armed Forces within the past three years.
- I would like to be included under the company's affirmative action program (if applicable) pertaining to veterans of the U.S. Armed Forces. (Note that you may make this request at this time and/or any time in the future.)
- None of the above apply to me. (If you checked this box it is not necessary to complete the rest of this form.)

