

## Axis Newco 2704 Southwest Drive New Iberia LA 70560 337.492.1530

## **Employment Application**

(An Equal Opportunity Employer)

		Арр	olicant Inf	formati	ion		
Full Name:	Name:				Date:		
	Last	First	t			М.І.	
Address:							
	Street Address						Apartment/Unit #
	City					State	ZIP Code
Phone:			Er	mail			
Date Availal	ble:	Social Security	/ No ·			Desired S	alary: <b>\$</b>
Position App	plied for:						
		YES	NO				YES NO
Are you a citizen of the United States?				Are you 18 years or older?		ears or older?	
YES NO Have you ever worked for this company?			NO □	Are you currently employed?			
nave yea e		YES	_	7 u o y v		nily omployed.	
Have you ev	ver been convicted of a fe	elony?					
lf yes, expla	in:						
			Educat				
			Luuuu				
High School	l:		Address:_				
From:	То:	Did you g	graduate?	YES		Diploma:	
College:			Address:_				
<b>F</b> actor	<b>T</b>	Dialectory		YES	NO	D	
⊢rom:	n: To: Did you graduate?				Degree:		
Other:		/	Address:				
				YES	NO		
From:	To:	Did vou o	praduate?		$\square$	Dearee:	

## References

Please list three pro	ofessional references.						
Full Name:			Relationship:				
Company:			Phone:				
Address:				_			
Full Name:			Relationship:				
			Phone:				
				_			
Full Name:			Relationship:				
•		Phone:					
Address:							
	Previous Empl	oyment					
Company:		Phone:					
Address:		Supervisor:					
Job Title:	Starting Salary:	Starting Salary: <u></u>		nding Salary: <u>\$</u>			
Responsibilities:				_			
From:	To: Reaso	on for Leaving:					
May we contact	YE your previous supervisor for a reference?						
Company:			Phone:				
			- ·				
Job Title:	Starting Salary:	\$	Ending Salary: <b>\$</b>				
Responsibilities:							
From:	To: Reas	son for Leaving	:				
May we contact	YE your previous supervisor for a reference?	S NO		_			
0			_ Phone:				
Job Title:	Starting Salary:	\$	Ending Salary: <u>\$</u>				
Responsibilities:							
_			<u> </u>				
May we contact	your previous supervisor for a reference?	YES NO					

Military Service							
Branch:	From:	To:					
Rank at Discharge:	Type of Discharge:						
If other than honorable, explain:							
Disc	claimer and Signature						
I certify that my answers are true and complete to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Required equipment to begin work							
Valid Drivers License							
	Social Security Card						
	Steel Toe Boots						
	Hard Hat						
	Safety Glasses						
Referred by:							
Signature:	Date	e:					