



Phone: 225-753-4150 | FAX: 225-751-1922  
Physical Address: 18145 Petroleum Drive | Baton Rouge, LA 70809  
Mailing Address: PO Box 549 | Baton Rouge, LA 70821

www.buquet-leblanc.com

## Employment Application

Buquet & LeBlanc, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. Your opportunity for employment depends solely on your qualifications.

### **Please print all information except for signature**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    last                    first                    middle

Address: \_\_\_\_\_ How long at this address? \_\_\_\_\_  
                    number                    street                    city                    state                    zip code

Telephone #: \_\_\_\_\_ Mobile # \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you a United States Citizen: \_\_\_\_\_? If no, are you authorized to work in the U.S? \_\_\_\_\_

Position applied for: \_\_\_\_\_ Salary desired: \$ \_\_\_\_\_ Hours you can work: \_\_\_\_\_

Full time: \_\_\_\_\_ Part time \_\_\_\_\_ Do you have a valid driver's license: \_\_\_\_\_ State of issue: \_\_\_\_\_

### **Education: Please list all schools that you attended.**

Type of School	Name of School	Location of School	Years Completed	Degree Earned
High School				
College				
Trade School				

### **Experience:**

Former Employer	Supervisor	Dates To/From	Reason for Leaving	Position Held



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May we contact your past and present employers?  Yes  No If not, why \_\_\_\_\_

Are you a member of the National Guard: \_\_\_\_\_ U.S. Armed Forces: \_\_\_\_\_ Discharge date: \_\_\_\_\_

**References:**

Name	Address	Phone	Relationship to You

Have you ever been convicted of a crime: \_\_\_\_\_ If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

Did you complete this application yourself  Yes  No If not, who did \_\_\_\_\_

We welcome any additional information that you would like to provide for consideration of employment.

**In exchange for the consideration of my job application by Buquet & LeBlanc, Inc., I agree that:**

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Buquet & LeBlanc, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of Buquet & LeBlanc, Inc.. Both the undersigned and Buquet & LeBlanc, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Buquet & LeBlanc, Inc. may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Buquet & LeBlanc, Inc. permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Buquet & LeBlanc, Inc. from any liability as a result of such contract.

I also understand that (1) Buquet & LeBlanc, Inc. has a drug and alcohol policy that provides for quarterly random testing, post accident testing and testing for cause; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

**I further understand that my employment with Buquet & LeBlanc, Inc. shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with Buquet & LeBlanc, Inc. is terminable at will for any reason by either party.**

I agree to release all medical information as requested by Buquet & LeBlanc, Inc. regarding my medical history. I authorize all physicians or hospitals that have delivered medical services to me to furnish a full report of my medical condition and allow review and copies of medical records and reports.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_