



APPLICATION FOR EMPLOYMENT

Phone: (337) 332-4390

Fax: (337) 332-4394

Zealous Energy Services, LLC policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. If there is an applicant requiring special needs with the application/interview process they should notify a company representative of the organization.

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ SSN: _____

Email address: _____

Are you a US citizen or otherwise authorized to work in the US on an unrestricted basis? (You may be required to provide documentation.) Yes No

Name of person referring you, if applicable: _____

Position applying for: _____

Date you can start: _____ Salary desired: _____

Have you ever worked/applied for this company before? Yes No

Explain, if yes: _____

Do you have friends or family presently employed with us? Yes No

Name, if applicable: _____

If hired, do you have transportation to and from work? Yes No

Are you over the age of 18? Yes No

If hired, are you willing to submit and pass a controlled substance test? Yes No

Are you able to perform all functions of the job of which you are applying for? Yes No

If no, explain: _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, explain (nature of crime and disposition of case): _____

(No applicant will be denied employment based on conviction, but it may however, be considered)

Education / Training / Experience

Name of High School attended: _____

City, State and Zip: _____

Did you graduate? Yes No

Number of years attended: _____

Name of College/University: _____

City, State and Zip: _____

Number of Years Completed: _____ Did you graduate? Yes No

Diploma/Degree

Earned: _____

Name of Vocational School: _____

City, State and Zip: _____

Number of Years Attended: _____ Did you graduate? Yes No

Diploma/Certificate Earned: _____

Military Branch: _____ Rank/Years of Service: _____

Skills/Duties: _____

Do you speak, write and understand any foreign language? Yes No

If yes, describe: _____

Do you have any other skills that you feel we need to know about? Yes No

If yes, explain: _____

Are you currently employed? Yes No

If you are currently employed may we contact your employer? Yes No

Even if you attached a resume this section must be completed. Start with most recent employer

Name of Employer: _____

Name of Supervisor: _____ Phone Number: _____

Address: _____ City, State and Zip: _____

Position: _____ Reason for Leaving: _____

Dates Employed : _____ May we contact this employer for reference? Yes No

Name of Employer: _____

Name of Supervisor: _____ Phone Number: _____

Address: _____ City, State and Zip: _____

Position: _____ Reason for Leaving: _____

Dates Employed : _____ May we contact this employer for reference? Yes No

Name of Employer: _____

Name of Supervisor: _____ Phone Number: _____

Address: _____ City, State and Zip: _____

Position: _____ Reason for Leaving: _____

Dates Employed: _____ May we contact this employer for reference? Yes No

Below, list three persons who have knowledge of your work performance within the last three years

1. Name: _____ Occupation: _____

Address: _____ Phone Number: _____

2. Name: _____ Occupation: _____

Address: _____ Phone Number: _____

3. Name: _____ Occupation: _____

Address: _____ Phone Number: _____

In case of emergency, please contact:

Name: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Name: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Please read before signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature: _____ Date: _____



Training:

Training and Safety is of the utmost importance to Zealous Energy Services. If you are offered a position with our company training will be provided at no cost to you. The expected training and timeline will be provided to you from the Safety Director. Compensation for your time at training will be upon full completion of the safety training via the next available payroll. If you do not fully complete your training, you will forfeit any wages for your time due to the expense Zealous Energy Services has incurred on your behalf.

I have authorized Zealous Energy Services to forfeit wages should I not complete all my Third-party Training per the direction of the Safety Director.

Employee Name (Print)

Employee Name (Sign)

Date: _____