

BRISTER-STEPHENS, INC.
 Employment Application



APPLICANT INFORMATION										DATE:		
Last Name			First			M.I.						
Street Address					Apartment/Unit #							
City			State			ZIP						
Phone			E-mail Address									
In case of Emergency Contact			Relationship			Phone						
Date Available		Social Security No.			Desired Salary							
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
Have you ever been issued a ticket for DWI or DUI			Yes <input type="checkbox"/>		No <input type="checkbox"/>		If Yes - Explain					
EDUCATION												
High School			Address									
From	To	Did you graduate?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
College			Address									
From	To	Did you graduate?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other			Address									
From	To	Did you graduate?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
REFERENCES												
<i>Please list three professional references.</i>												
Full Name			Relationship									
Company			Phone ()									
Address												
Full Name			Relationship									
Company			Phone ()									
Address												
Full Name			Relationship									
Company			Phone ()									
Address												

PREVIOUS EMPLOYMENT										
Company					Phone ()					
Address					Supervisor					
Job Title				Starting Salary		\$		Ending Salary		\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company					Phone ()					
Address					Supervisor					
Job Title				Starting Salary		\$		Ending Salary		\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company					Phone ()					
Address					Supervisor					
Job Title				Starting Salary		\$		Ending Salary		\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Company					Phone ()					
Address					Supervisor					
Job Title				Starting Salary		\$		Ending Salary		\$
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>			
MILITARY SERVICE										
Branch					From		To			
Rank at Discharge					Type of Discharge					
If other than honorable, explain										
DISCLAIMER 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. Furthermore, I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibilities for providing such information.										
Signature						Date				
DO NOT WRITE BELOW THIS										
OFFICE USE ONLY										
Driver Approved by Insurance Co.						[]		[]		[]
						Date		YES		NO
Employee Drug Testing & Background Check - OK						[]		[]		[]
						Date		YES		NO
Interviewed & Hired By:			Start Date:			Starting Pay Rate: \$				

Terms and Condition of Employment, ALL Employees:

No moonlighting is allowed, Please acknowledge by Signing

_____ **x Signature**

Special Condition of Employment for ALL Field Service and Construction Department personnel.

The Air Conditioning Service business is seasonal and the Construction side of our business has many factors that influence our requirement to work overtime as needed.

If you choose to become a part of this organization you agree to help us meet the requirements of our customers, which will include overtime work when offered and required.

Please acknowledge your willingness to work Overtime when offered and needed to meet our commitments, by signing below.

_____ **x Signature**

CORY, TUCKER & LARROWE, INC.

BONDS • INSURANCE



Motor Vehicle Report Consent Form

Please Print or Type

By my signature below, I authorize **Brister Stephens, Inc.**, Cory, Tucker & Larrowe, Inc., the current insurance carrier and any prospective insurance carrier for **Brister Stephens, Inc.**, to order a copy of my driving record. The contents of this report can be discussed among those parties listed above for the purpose of determining my acceptability as a driver of company vehicles owned, leased, rented or borrowed by **Brister Stephens, Inc.** At my written request, I can receive a copy of this report. This authorization remains in effect until rescinded by me in writing.

PLEASE PRINT

Name of Driver: _____

Address: _____

City, State, Zip _____

Driver's License Number _____

Issuing State: _____

Date of Birth: _____

Driver's Signature

Date

Witness

Date

3850 N. Causeway Boulevard • Suite 1360 • P.O. Box 6646 • Metairie, LA 70009-6646
(504) 834-5080 • Fax (504) 835-7726

B.A.L. & Associates, LLC & Occupational
Resources, Inc.
5440 Mounes Street Ste. 110
Harahan, LA 70123
Phone 504-733-4488 Fax 504-733-4498

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with, and for the duration of my employment (including contract for services) with _____, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for my termination from positions with previous employers. I understand that I may be required to pass a drug test as a condition of my employment. Further, I understand that you will be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal cases, civil cases, and other experiences.

Personal Information

Full Name: _____
First Middle Last

Maiden Name or Alias _____

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Email Address: _____

Social Security Number: _____

*Date of Birth: _____

Driver's License Number _____ State Issued: _____

Applicant Signature _____ Date: _____

*Date of birth is being requested in order to obtain accurate retrieval of records

I understand that, according to Federal Fair Credit Reporting Act, I am entitled to know if employment is denied based on information obtained through background inquiries. I also understand that I am entitled to receive, upon written request, a copy of any investigative report(s).

_____ **California, Minnesota, and Oklahoma applicants Only:** please check here to have a copy of your consumer report sent directly to you by ORI at the address above.