

## PAX FAB, LLC EMPLOYMENT APPLICATION

**PAX FAB, LLC is an equal opportunity employer. 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. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.**

**Please fax your completed application to: (225) 647-5268 Attention: Shanon Philips**

### Personal Information

Date  Social Security Number   
Last Name  First Name  Middle   
Street Address  Apt#   
City  State  Zip Code   
Telephone Number  Referred By

Position  Date you can start  Salary Desired   
Are you currently employed?  Yes  No  
Have you ever applied to this company before?  Yes  No  
If yes, where?   
When did you apply?   
Have you ever pled "Guilty" or "No Contest" to or have been convicted of a crime?  Yes  No  
If yes to the above question, Please provides date (s) and details.

### Education History

#### Grammar School

name, city & state of school

Number of years attended

Did you graduate?  Yes  No

#### High School

high school / GED name, city & state of school

Number of years attended

Did you graduate?  Yes  No

**College**

name, city and state of school

Number of years attended

Did you graduate?

Yes

No

Areas of Emphasis / Degree Type

**Business/Trade/  
Correspondence  
School**

name, city and state of school

Number of years attended

Did you graduate?

Yes

No

Areas of Emphasis / Degree Type

**Special Skills**

Activities (civic, athletic, etc.) EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. Military or Naval Service

Rank

Present membership in National Guard or Services

**Employment History (begin with the most recent position)**

**Employer 1**

From

To

Employer name and phone number

Salary

Position

Reason for leaving

**Employer 2**

From

To

Employer name and phone number

Salary

Position

Reason for leaving

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**Employer 3**

From

To

Employer name and phone number

Salary

Position

Reason for leaving

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**Employer 4**

From

To

Employer name and phone number

Salary

Position

Reason for leaving

Which of these jobs did you like best?

What did you like most about this job?

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**References (Give the names of three persons not related to you, whom you have known for at least one year.)****Reference 1**

Name

Address or Phone Number

Business

Years Acquainted

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**Reference 2**

Name

Address or Phone Number

Business

Years Acquainted

**Reference 3**

Name

Address or Phone Number

Business

Years Acquainted

**In case of emergency notify**

Name  Address

Phone Number  Other Number

**If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This applications does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.**

**I also understand that if I am hired, I will be required to provide proof of identity or legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.**

**I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's services, whenever it is discovered.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

Do you accept these terms?  Yes  No

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Please fax to (225) 647-5268 Attn: Shanon Philips