



# COMEAX FURNITURE & APPLIANCE

## APPLICATION FOR EMPLOYMENT

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

If you are under 18, can you furnish a work permit? YES  NO  Are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Supervisor: \_\_\_\_\_

During the past 7 years, have you been convicted of, or have pleaded guilty or no contest to a felony offense? YES  NO  If yes, explain: \_\_\_\_\_

Driver's license or ID card number: \_\_\_\_\_ State: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## References

Please list three professional/personal references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Previous Employment

\*Start with  
the most  
recent

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  NO

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  NO

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 NO

Military Service		
From: _____	Rank at the time of discharge:	Training received _____
To: _____		relevant to application: _____

Work experience: \_\_\_\_\_

Served in Iraq or Afghanistan: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that I have fully and accurately answered all questions and have given all information requested in this application for employment. I further understand that any wrong or incomplete information on this application may disqualify me for further consideration for employment or, if discovered after I am hired, may be grounds for immediate dismissal.*

*I understand that all such information on this application is subject to verification by Comeaux Furniture & Appliance, and hereby give my consent to CFA to investigate my background and qualifications using any means, sources, and outside investigators. I hereby release from liability CFA and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.*

*I agree to undergo any type of drug and /or alcohol testing that CFA may require at any time.*

*I understand that submission of this application does not necessarily mean that I will be hired, and that if I am hired, my employment will be at will, and either I or CFA may terminate my employment at any time, with or without notice or reason.*

*CFA is an equal opportunity employer. CFA does not discriminate in employment and no question on the application is used for purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.*

*This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.*

*I understand CFA's policy not to refuse to hire a qualified individual with disability because of this person's need for an accommodation that would be required by the ADA.*

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

# COMEAX FURNITURE & APPLIANCE PRE-EMPLOYMENT INQUIRY RELEASE

In connection with, and for the duration of my employment with Comeaux Furniture & Appliance, 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 drug/and or alcohol testing as a condition of my employment. CFA is a drug and alcohol free workplace and I may be required to pass random or for-cause drug and alcohol tests throughout the term of my employment. I understand if I fail a random drug or alcohol test CFA has the right to terminate my employment with cause.** Further I understand that CFA 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, worker's compensation claims, civil cases, and other experiences.

I authorize, without reservation, any party or agency contacted by **Occupational Resources, Inc. or Comeaux Furniture & Appliance** to furnish the above mentioned information.

Print Full Name:		
<i>First</i>	<i>Middle</i>	<i>Last</i>
Maiden Name or Alias:		
*Date of Birth:	Social Security Number:	
<i>(MM/DD/YYYY)</i>		
Current Address:		
Apt. No./Suite No.		
City:	State:	Zip:
Driver's License Number:	Expires:	State Issued:
	<i>(MM/DD/YYYY)</i>	
Applicant's Signature:	Date:	
	<i>(MM/DD/YYYY)</i>	

\*Date of Birth is being requested in order to obtain accurate retrieval of records.

I understand that, according to the 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 have the right to make a request of Occupational Resources, Inc., upon written request, proper identification, and payment of any legally permissible fees, for the information in its files on me at the time of my request.

I agree that an email, fax, or photocopy of this authorization with my signature may be accepted with the same authority as the original.

Applicant's Signature: \_\_\_\_\_

**MUST HAVE A VALID PICTURE ID OR DRIVER'S LICENSE**