

APPLICATION FOR EMPLOYMENT



Baton Rouge: 11626 Sherwood Forest Ct. Baton Rouge, LA 70816 / Phone (225) 922-9495 / Fax (225) 922-9248
Harahan: 1617 Hickory Avenue, Harahan, LA 70123 / Phone (504) 739-9866 / Fax (504) 287-4358

Rev. 3 4/1/16

Inka's Uniforms is an Equal Opportunity Employer. Qualified applicants are considered for employment without regard to age, race, color, religion, sex, national origin, disability, veteran status, or political affiliation.

Location Applied For: Baton Rouge / Harahan	Application Date:
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I. PERSONAL INFORMATION

Name:	Home Telephone: ()	Cell Phone: ()
Address:	City:	State: Zip Code:
Position Applied For:	Desired Position Status: (Circle One) Part-time / Full-time	Salary Desired:
Day(s) Available to Work: Sun Mon Tue Wed Thu Fri Sat	Date Available to Start:	email:

II. EMPLOYMENT HISTORY (Start with present or most recent employer)

Company Name	From:		To:		Starting Pay:	Ending Pay:	# of Hours/week:
	Mo.	Yr.	Mo.	Yr.			
Address:							
Your Job Title:				Reason for Leaving:			
Name of Supervisor:	Describe the work you performed:						
Telephone:							
Company Name	From:		To:		Starting Pay:	Ending Pay:	# of Hours/week:
	Mo.	Yr.	Mo.	Yr.			
Address:							
Your Job Title:				Reason for Leaving:			
Name of Supervisor:	Describe the work you performed:						
Telephone:							
Company Name	From:		To:		Starting Pay:	Ending Pay:	# of Hours/week:
	Mo.	Yr.	Mo.	Yr.			
Address:							
Your Job Title:				Reason for Leaving:			
Name of Supervisor:	Describe the work you performed:						
Telephone:							

III. EMPLOYMENT REFERENCES

List individuals familiar with your job qualifications (no relatives or personal friends).

Name	Company Name	Phone Number	Relationship	Years Known

IV. EDUCATION

Type of School	Name and Location of School	Degrees/ Areas of Study	Dates Attended	Graduated Yes /No
High School			
Technical College			
College			
Graduate School			
Other (Specify)			

Additional Education (list any certifications including in what state and dates valid):

Other Training And Skills (software knowledge, language, etc.):

V. ADDITIONAL QUESTIONS

Answer Yes or No to the following questions:	YES	NO
Are you legally authorized to work in the U.S.? (If hired, you will be required to provide proof of work authorization.)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever applied at this company before? If Yes, When?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been employed here previously? If Yes, specify dates:	<input type="checkbox"/>	<input type="checkbox"/>
Do you know an employee of Inka's? If Yes, Who?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a felony, misdemeanor or other criminal offense? If Yes, Explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted:	<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE DISCUSS THEM WITH AN EMPLOYMENT REPRESENTATIVE BEFORE SIGNING THIS FORM.

I, _____, hereby certify that all statements made on this application
(Print Name)

are true, complete, and correct to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I hereby authorize the use of my social security number for the purpose of record keeping and authorize any investigation of all statements made and all other information as deemed necessary to make a proper employment decision.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Inka's Uniforms, Inc. that such employment with Inka's is at will, for no specified duration and may be terminated by either Inka's or myself at any time, with or without cause or notice. In consideration for employment with Inka's, if employed, I agree to abide by the rules, regulations, policies and procedures of Inka's at all times and understand that such compliance is a condition of employment. I understand that if offered a position with Inka's, I may be required to submit to a pre-employment medical examination, drug screening, motor vehicle record check and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all school, former employers, references, courts and any others who have information about me to provide such information to Inka's and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information. I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature of Applicant

Date

***** DO NOT FILL OUT SECTION BELOW; FOR INKA'S REPRESENTATIVE ONLY *****

Remarks:

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Hired: (Y/N)	Start Date:	Position:	Salary:	Reviewed by:	Date Reviewed:
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