



Application for Employment

We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Position(s) Applied for:	Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Relative
Date of Application:	

General Information

Last Name	First Name	Middle Initial
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Current Address	Street City State Zip Code	Tel. E-mail
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Permanent Address (if different from above)	Street City State Zip Code	Tel. E-mail
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Social Security # Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you legally entitled to work in the United States? (Proof of legal citizenship or immigration status will be required upon employment.) Yes <input type="checkbox"/> No <input type="checkbox"/>	When are you available to start work? _____ Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Do you have reliable transportation? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have a current driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> Driver's license #: _____ Expiration date: _____ Have you ever filed an application here before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date _____ Are you on a lay-off and subject to recall? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Education

List high schools, colleges, and additional training	Address	Discipline or Program (Major)	Degree/Diploma/Certificate

List any Professional License(s)	Granted By	License Number	Expiration Date

Work Experience

Describe all work experience (paid and unpaid) starting with most recent. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, sexual orientation, national origin, handicap or other protected status.

Name of Employer	Supervisor	Dates Employed From _____. To _____. Hourly Wage/ Salary
Address	Phone	
Position Held		
Work Performed:		
Reason for Leaving:		
Name of Employer	Supervisor	Dates Employed From _____. To _____. Hourly Wage/ Salary
Address	Phone	
Position Held		
Work Performed:		
Reason for Leaving:		
Name of Employer	Supervisor	Dates Employed From _____. To _____. Hourly Wage/ Salary
Address	Phone	
Position Held		
Work Performed:		
Reason for Leaving:		

Additional Experiences and Accomplishments

Highlight skills and accomplishments relevant to the position(s) sought.

Please provide three professional references.

1. Name	Address	Phone	Occupation
2. Name	Address	Phone	Occupation
3. Name	Address	Phone	Occupation

APPLICANT AGREES TO THE FOLLOWING CONDITIONS OF EMPLOYMENT.

I acknowledge that consideration for employment is contingent on the results of a reference and background check. I acknowledge that consideration for employment is contingent on the results of a credit check only if this information is substantially job-related. I authorize Endara Enterprises, L.L.C. to investigate the truthfulness of all statements made in this Application, contact my former employers and listed references to verify information provided on this Application, and authorize Endara Enterprises, L.L.C. to discuss the results of any investigation among company officials involved in the hiring process. Additionally, I give my consent for all persons contacted by Endara Enterprises, L.L.C. , including, but not limited to, my former employers, to provide Endara Enterprises, L.L.C. with information regarding this Application and I release each such person from any and all liability of whatever kind or nature arising out of that person providing information to Endara Enterprises, L.L.C. regarding this Application.

Endara Enterprises, L.L.C. follows the procedures in the Fair Credit Reporting Act (FCRA – Public Law 91-508, 15 U.S.C. 1681-1681u). The full text is available at the Federal Trade Commission’s Web Site.

I understand that all applicants who are being considered for employment with Endara Enterprises, L.L.C. are required, as a condition of employment, to take a drug screening test. I understand that any applicant who refuses to take or alters any drug test, or whose drug test indicates the use of illegal drugs or the abuse of legal drugs, will be dropped from further employment consideration.

I hereby consent for Endara Enterprises, L.L.C. or its agents to collect a urine specimen and conduct testing to determine the presence of drugs or controlled substances. I authorize release of my test results to the Endara Enterprises, L.L.C. Medical Review Officer. I further authorize release of my test results by the Medical Review Officer to designated Endara Enterprises, L.L.C. supervisors.

I agree and understand that the position I am applying for is of an indefinite term and may be terminated by Endara Enterprises, L.L.C. or myself at any time for any reason, with or without notice.

I certify that the information contained in this Application is true and correct to the best of my knowledge, and understand that falsification of this Application in any detail is grounds for disqualification of employment.

(Signature of Applicant)

(Date)



Shipping & Receiving
Loading Docks and Trucks
West Side of Building

Corporate Office
225 N Common St, Shreveport, LA 71101
Phone 318.752.4514
www.endara.com

Customer Service Center
Offices and Meeting Rooms
Main Lobby