



# LOGISTICS ELECTRICAL

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## Employment Application

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

APPLICANT INFORMATION									
Last Name			First			M.I.		DOB	
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone				Alternate Phone:					
Date Available			Desired Salary			E-mail Address			
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				
Do you have a valid Driver's License?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what state?			DL # _____	
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 PLEASE LIST TWO PROFESSIONAL REFERENCES.									
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"/>		

**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.

Signature					Date		
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