

# Southeast Business Systems, Inc.

## APPLICATION FOR EMPLOYMENT

*We encourage applications from qualified individuals with disabilities.*

Please print clearly with ink.

Today's Date: \_\_\_\_\_

### **PERSONAL**

**Name:** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

**Current Mailing Address:** Number and street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Telephone Number:** Day: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_ Cell: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Email: \_\_\_\_\_

Willing to Relocate: Yes  No

What days and hours are you available to work each week? \_\_\_\_\_

Minimum income requirements: \_\_\_\_\_ Date available for work: \_\_\_\_\_

Are you eligible to work in the United States? Yes  No

Are you at least 18 years old? Yes  No

Have you ever been convicted of or pled guilty or "no contest" to a felony or misdemeanor other than a minor traffic offense? Yes  No  If yes, list date and State of \_\_\_\_\_

Have you here applied before? Yes  No  If so, when? \_\_\_\_\_

By whom were you referred? \_\_\_\_\_

### **MILITARY**

Branch of U.S. Service: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Date Discharged: \_\_\_\_\_ Highest Rank Attained: \_\_\_\_\_

List any special training received: \_\_\_\_\_

### **EDUCATION**

Last High School and Address: \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Diploma or GED? Yes  No

Course or Field of Study \_\_\_\_\_

Business or Technical School and Address: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Certificate Obtained: \_\_\_\_\_

College	School location (city & state)	Major field of study	Credits	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Academic honors, awards or special recognition: \_\_\_\_\_

Other high school, correspondence, home study or courses not listed above: \_\_\_\_\_

Do you have any objection to our contacting your previous schools? Yes  No

If yes, please explain. \_\_\_\_\_

# EMPLOYMENT RECORD

List most recent employer first. Include all former employers and self employment.

\_\_\_\_\_  
Current Employer's Name and Phone number      Supervisor's name      Supervisor's job title

\_\_\_\_\_  
Employer's Address, City State      Start pay / End pay      Reason for leaving  
Describe duties:      Salary \_\_\_\_\_ per \_\_\_\_\_ Bonus / Incentive \_\_\_\_\_

\_\_\_\_\_  
Job title \_\_\_\_\_ Dates of Employment - Start \_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_

May we contact?      Yes       No       Month / Year      Month / Year

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\_\_\_\_\_  
Previous Employer's Name and Phone number      Supervisor's name      Supervisor's job title

\_\_\_\_\_  
Employer's Address, City State      Start pay / End pay      Reason for leaving  
Describe duties:      Salary \_\_\_\_\_ per \_\_\_\_\_ Bonus / Incentive \_\_\_\_\_

\_\_\_\_\_  
Job title \_\_\_\_\_ Dates of Employment - Start \_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_

May we contact?      Yes       No       Month / Year      Month / Year

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\_\_\_\_\_  
Previous Employer's Name and Phone number      Supervisor's name      Supervisor's job title

\_\_\_\_\_  
Employer's Address, City State      Start pay / End pay      Reason for leaving  
Describe duties:      Salary \_\_\_\_\_ per \_\_\_\_\_ Bonus / Incentive \_\_\_\_\_

\_\_\_\_\_  
Job title \_\_\_\_\_ Dates of Employment - Start \_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_

May we contact?      Yes       No       Month / Year      Month / Year

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\_\_\_\_\_  
Previous Employer's Name and Phone number      Supervisor's name      Supervisor's job title

\_\_\_\_\_  
Employer's Address, City State      Start pay / End pay      Reason for leaving  
Describe duties:      Salary \_\_\_\_\_ per \_\_\_\_\_ Bonus / Incentive \_\_\_\_\_

\_\_\_\_\_  
Job title \_\_\_\_\_ Dates of Employment - Start \_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_

May we contact?      Yes       No       Month / Year      Month / Year

# **SKILLS ASSESSMENT**

Please rate your skill on the following using **1)** not able to, must learn, **2)** able to after coaching and time to practice, **3)** able to do with very little assistance, **4)** able to do with no assistance needed, **5)** able to teach and support others.

<b>Software</b>	<b>Assessment</b>	<b>Specific Experience/Application Used/ Version</b>
Microsoft Office	_____	_____
Windows XP, Vista, 7	_____	_____
Word	_____	_____
PowerPoint	_____	_____
Excel	_____	_____
Outlook	_____	_____
Access	_____	_____
Contact Mgt Systems	_____	_____
Internet Explorer	_____	_____

<b>Application</b>	<b>Assessment</b>	<b>Specific Experience/Application Used</b>
Internet / Email	_____	_____
Transferring data between Office programs	_____	_____
Designing Databases	_____	_____
Creating Database Reports	_____	_____
Creating Spreadsheets	_____	_____
Database Marketing	_____	_____

Describe expertise in making presentations to individuals and groups. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe your ability and expertise in creating letters, in editing correspondence, writing documents and proposals.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Success Levels – What are the levels of success you have achieved and what do you attribute it to, especially in sales? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sales Levels for past 7 years:

	<b>Revenue</b>	<b>Gross Profit</b>	<b>Rank on sales team</b>	<b>Comparison to expectations</b>
2013ytd	_____	_____	_____	_____
2011	_____	_____	_____	_____
2011	_____	_____	_____	_____
2010	_____	_____	_____	_____
2009	_____	_____	_____	_____
2008	_____	_____	_____	_____
2007	_____	_____	_____	_____

## **REFERENCES**

Please provide the names of five references who know you in a work environment who are not listed above as supervisors.

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**1** Name \_\_\_\_\_ Phone number \_\_\_\_\_ Occupation or position \_\_\_\_\_  
Company, institution, or organization \_\_\_\_\_  
How long has reference known you? \_\_\_\_\_ Under what circumstances has reference known you?  
\_\_\_\_\_

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**2** Name \_\_\_\_\_ Phone number \_\_\_\_\_ Occupation or position \_\_\_\_\_  
Company, institution, or organization \_\_\_\_\_  
How long has reference known you? \_\_\_\_\_ Under what circumstances has reference known you?  
\_\_\_\_\_

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**3** Name \_\_\_\_\_ Phone number \_\_\_\_\_ Occupation or position \_\_\_\_\_  
Company, institution, or organization \_\_\_\_\_  
How long has reference known you? \_\_\_\_\_ Under what circumstances has reference known you?  
\_\_\_\_\_

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**4** Name \_\_\_\_\_ Phone number \_\_\_\_\_ Occupation or position \_\_\_\_\_  
Company, institution, or organization \_\_\_\_\_  
How long has reference known you? \_\_\_\_\_ Under what circumstances has reference known you?  
\_\_\_\_\_

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**5** Name \_\_\_\_\_ Phone number \_\_\_\_\_ Occupation or position \_\_\_\_\_  
Company, institution, or organization \_\_\_\_\_  
How long has reference known you? \_\_\_\_\_ Under what circumstances has reference known you?  
\_\_\_\_\_

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I certify that the information contained in this application and supplements for the position I am applying for is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts requested on this application is cause for rejection of this application and supplements or for subsequent dismissal from employment. I authorize an investigation of any of the facts set forth in this application. I give permission to check my educational background, references, professional license, criminal record, driving record, and credit record and release any and all persons, companies, or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto. I understand I will be required to provide information for compliance with the Immigration Reform and Control Act. I understand that I may be required to have a physical examination, drug test, and pre-employment evaluation. I understand and agree that my employment with the company is entered into voluntarily and I may resign at any time.

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

Application will be active for ninety (90) days. Email to:

## INDIVIDUAL DRIVER QUESTIONNAIRE

Current License #	State
Type/Class	Issue Date
Expiration Date	License Restrictions

How long have you had a Driver's License?

Has your Driver's License ever been suspended or revoked?    YES   or   NO

If YES, explain (When, Why and How Long):

Have you ever received any tickets for traffic violations or been involved in an accident?    YES   or   NO

If YES, complete the following:

DATE	LOCATION	DESCRIPTION	FINE or PENALTY



The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I hereby authorize Southeast Business Systems, Inc., to gather employment history information based on employment data listed on previous pages and release previous employers from liability.

Signature	Date
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**Department of Public Safety  
P.O. Box 64886  
Baton Rouge, LA 70896**

**Attn: O.D.R.**

**Dear Sirs:**

**Southeast Business Systems, Inc. is requesting a copy of the driving record for \_\_\_\_\_ . Before a staff person can be hired, we must have a copy of his/her driving record.**

Name		
Address		
City	State	Zip
Driver's License #		

If any other information is needed,  
please contact me at (985) 345-9515.

Sincerely,

Kristie Jones  
Office Manager

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I hereby authorize the Department of Public Safety to release any and all information regarding my driving record.

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Signature

Date

Social Security #

# **PROGRAM FOR SOUTHEAST BUSINESS SYSTEMS DRUG-FREE WORKPLACE POLICY**

## **PURPOSE**

Southeast Business Systems is committed to maintaining a safe and efficient work environment for all employees, as well as persons who may conduct business with SBS. Alcohol and drug abuse affects both job performance and work environment and seriously undermines the public's confidence in SBS. The use, distribution or possession of alcohol or drugs on SBS premises, property, company vehicles, or while conducting SBS business endangers not only the safety of SBS employees, but also the safety of SBS customers. Such conduct also compromises the reliability of SBS work. In order to prevent and discourage this conduct, and to insure full compliance with SBS's contractual relationship with the public, as well as applicable laws and/or regulations, SBS hereby adopts the following Drug-Free Workplace Program. This policy and the obligations undertaken by the employees constitute conditions of employment.

## **POLICY**

Southeast Business Systems absolutely prohibits any form of Substance Abuse by any employees while either on SBS premises or while conducting SBS business. Employees must report to work in a fit condition for duty. No employee will report for work or will work impaired by any substance, drug or alcohol, lawful or unlawful, except with SBS approval. Approval will be limited to lawful medications and based strictly on an assessment of the employee's ability to perform his/her regular assigned duties safely and efficiently.

SBS will take disciplinary action as provided under the section dealing with Disciplinary Actions against employees who use, distribute or possess unauthorized drugs on or off the job, and who use or possess alcohol on the job.

## **DEFINITIONS**

1. "Unauthorized Drugs" or "Alcoholic Beverages" covered under the terms of this program include any controlled substance or any mind or mood altering substance and any alcoholic beverage that is not otherwise excluded from coverage in the next section and any paraphernalia and/or equipment related to controlled substances.
2. "Impaired" means under the influence of a substance such that the employee's motor senses (i.e. sight, hearing, balance, reaction, reflex) or judgment either are or may be reasonably presumed to be affected.
3. "Substance Abuse" means:
  - a. Use, distribution or possession of any unauthorized drug on SBS premises or while conducting SBS business
  - b. Use, distribution or possession of alcoholic beverages on SBS premises (except where noted under this section dealing with exclusions) or while conducting SBS business.
  - c. Use of alcoholic beverages off SBS premises that impairs, impedes or adversely affects job performance of the employee or safety in the work environment.
4. "A Fit Condition for Duty" means having no identifiable traces of any unauthorized drugs or substances in any body fluid of the employee.
5. "Alcohol Intoxication" will be defined as a blood alcohol content of .08% or more.

## **EXCLUSIONS**

The use or possession of prescription drugs that have been prescribed by a licensed physician for the person using or possessing prescription drugs is not prohibited by this Drug-Free Workplace Program, provided that such prescription drugs are kept in the original labeled container, and are taken at the prescribed dosage levels.

## **ENFORCEMENT PROVISIONS**

The Drug-Free Workplace Program shall be enforced by Southeast Business Systems by:

1. Reasonable and random searches of SBS premises, including employee's work locations, desks, files and/or lockers.
2. Reasonable and random searches of the employee's persons.
3. Seizure and confiscations of unauthorized drugs and/or alcoholic beverages, and where appropriate, delivery of such items to law enforcement authorities.
4. Substance screening, as provided in the section entitled "Substance Screening".
5. Summary disciplinary action, including immediate suspension without pay, and/or immediate termination of employment.

## **SUBSTANCE SCREENING**

Substance screening means "testing of blood, urine, saliva, hair, breath, or use of other scientific or chemical test, which are necessary to reasonably determine drug or alcohol use or possession".

All employees and applicants for employment shall be subject to substance screening at the discretion of SBS.

## **VIOLATIONS**

Violation of the Drug-Free Workplace Program shall consist of refusal to comply with a search and/or substance screening, or consist with a positive drug result in substance screening.

## **DISCIPLINARY ACTIONS**

Any employee who, as a result of substance screening, tests positive for drugs, shall be considered in violation of this program, and shall be subject to summary disciplinary action, including removal from SBS premises and/or immediate termination of employment.

Any employee who refuses to comply with a search or substance screening as described in this program shall be considered in violation of this program, and shall be subject to summary disciplinary action, including removal from SBS premises and/or immediate termination.

## **EMPLOYEE ACKNOWLEDGEMENT**

I have read and understand the above policy and agree to abide said policy as a condition of my hiring and/or continued employment by Southeast Business Systems.

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Signed

Date