APPLICATION FOR EMPLOYMENT
CHP CONDUIT, LLC

PERSONAL INFORMATION

FULL NAME: _____
First Middle Last

EMAIL: _____ PHONE: _____

PRESENT ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

PERMANENT ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

ARE YOU AT LEAST 18 YEARS OF AGE? ◯ Yes ◯ No DATE AVAILABLE: _____

SOCIAL SECURITY NUMBER (SSN): _____-_____-_____

DESIRED PAY: $_____ ◯ Hourly ◯ Salary POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: ◯ Full-Time ◯ Part-Time ◯ Seasonal SHIFT DESIRED: ◯ Day Shift ◯ Night Shift

HOW DID YOU HEAR ABOUT US? _____

EMPLOYMENT ELIGIBILITY

*ARE YOU A U.S. CITIZEN? ◯ Yes ◯ No

IF NO, ARE YOU ALLOWED TO WORK IN THE U.S.? ◯ Yes ◯ No

*HAVE YOU EVER WORKED FROM THIS EMPLOYER? ◯ Yes ◯ No

IF YES, WRITE THE START & END DATES: _____

*HAVE YOU EVER BEEN CONVICTED OF A FELONY? ◯ Yes ◯ No

IF YES, PLEASE EXPLAIN: _____

EDUCATION

ELEMENTARY: _____ CITY/STATE: _____

FROM: _____ TO: _____ GRADE COMPLETED: _____

HIGH SCHOOL: _____ CITY/STATE: _____

FROM: _____ TO: _____ GRADE COMPLETED: _____ GRADUATED? ◯ Yes ◯ No

DIPLOMA: _____

EDUCATION *(CONTINUED)*

TECHNICAL: _____ CITY/STATE: _____

FROM: _____ TO: _____ GRADE COMPLETED: _____ DEGREE/CERT: _____

COLLEGE: _____ CITY/STATE: _____

FROM: _____ TO: _____ GRADE COMPLETED: _____ DEGREE/CERT: _____

BUSINESS: _____ CITY/STATE: _____

FROM: _____ TO: _____ GRADE COMPLETED: _____ DEGREE/CERT: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company/Individual

EMAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

STARTING PAY: $ _____ ◯ Hourly ◯ Salary ENDING PAY: $ _____ ◯ Hourly ◯ Salary

JOB TITLE: _____ START DATE: _____ END DATE: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company/Individual

EMAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

STARTING PAY: $ _____ ◯ Hourly ◯ Salary ENDING PAY: $ _____ ◯ Hourly ◯ Salary

JOB TITLE: _____ START DATE: _____ END DATE: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYMENT *(CONTINUED)*

EMPLOYER 3: _____
Company/Individual

EMAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____
City State Zip Code

STARTING PAY: $ _____ ◯ Hourly ◯ Salary ENDING PAY: $ _____ ◯ Hourly ◯ Salary

JOB TITLE: _____ START DATE: _____ END DATE: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

REFERENCES *(PROFESSIONAL ONLY)*

FULL NAME: _____
First Last

RELATIONSHIP: _____ COMPANY: _____ TITLE: _____

EMAIL: _____ PHONE: _____

FULL NAME: _____
First Last

RELATIONSHIP: _____ COMPANY: _____ TITLE: _____

EMAIL: _____ PHONE: _____

FULL NAME: _____
First Last

RELATIONSHIP: _____ COMPANY: _____ TITLE: _____

EMAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? ◯ Yes ◯ No BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____ TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

ARE YOU A MEMBER OF THE RESERVE? ◯ Yes ◯ No BRANCH: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? ◯ Yes ◯ No

GENERAL INFORMATION

DO YOU HAVE TRANSPORTATION TO AND FROM WORK? ◯ Yes ◯ No HOW: _____

ARE THERE ANY FACTORS THAT ARE LIKELY TO PREVENT YOU FROM BEING REGULAR AND PUNCTUAL IN ATTENDANCE? *(Factors such as other commitments, family responsibilities, health conditions, etc.)*

_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? ◯ Yes ◯ No

(Conviction is not an automatic bar to employment, but all circumstances will be considered.)

IF YES, PLEASE EXPLAIN: _____

NAME OF PERSON(S) EMPLOYED BY THIS COMPANY WHO CAN CONFIRM THE INFORMATION ON THIS APPLICATION:

_____

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____

Name Phone Relationship to you

ARE YOU AWARE OF ANY PREEXISTING PHYSICAL CONDITIONS THAT MAY CAUSE ANY PHYSICAL PERFORMANCE RESTRICTIONS? ◯ Yes ◯ No

IF YES, PLEASE EXPLAIN: _____

PRE-EMPLOYMENT DRUG SCREENING

AFTER RECEIVING AN OFFER OF EMPLOYMENT, YOU WILL BE REQUIRED TO TAKE A DRUG SCREEN THAT TESTS FOR THE PRESENCE OF DRUGS IN THE URINE.

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. I certify that the information given on this application and in any other supporting documentation, resume, or interview is true and correct. I understand that any false information willful or negligent misrepresentation, or failure to disclose any requested information constitutes sufficient grounds for CHP Conduit, LLC to terminate employment without notice. I further understand that CHP Conduit, LLC will perform a pre-employment investigation to determine my suitability for employment, and I authorize CHP Conduit, LLC to secure the information necessary to make a decision. I further understand that CHP Conduit, LLC will adhere to applicable state and federal statutes concerning the securing of information and handling, utilization and release of information obtained in the pre-employment investigation. I further understand that after receiving an offer of employment, you will be required to take a drug screen that tests for the presence of drugs in my urine. I understand that this application serves as my consent to such. I acknowledge by my signature that I have read and fully understand these statements.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

Please fill out and sign your application. For electronic submissions, please email your completed application to jhart@omni-opti.com. For printed applications, please delivering to our office at 259 Plauche Street, New Orleans, LA 70123, or our manufacturing facility at 60051 Camp Villere Rd, Slidell, LA 70460.