



**EMPLOYER APPLICATION**

COMPANY NAME \_\_\_\_\_

NAME OF COMPANY PRESIDENT/CEO \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PARISH \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_ FAX NUMBER ( ) \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

FEDERAL ID# \_\_\_\_\_ UNEMPLOYMENT INSURANCE # \_\_\_\_\_

WORKERS COMP COVERAGE BY: \_\_\_\_\_

**PLEASE INDICATE YOUR COMPANY'S HIRING NEEDS FROM THE FOLLOWING CHOICES:**

**NEW HIRE FULL TIME JOB OPENINGS:**

# OF POSITIONS \_\_\_\_\_ JOB TITLE \_\_\_\_\_ HOURLY WAGE \$ \_\_\_\_\_

# OF POSITIONS \_\_\_\_\_ JOB TITLE \_\_\_\_\_ HOURLY WAGE \$ \_\_\_\_\_

# OF POSITIONS \_\_\_\_\_ JOB TITLE \_\_\_\_\_ HOURLY WAGE \$ \_\_\_\_\_

**COMPANY PROMOTIONS PLANNED (CAREER UPGRADES)**

CURRENT POSITION \_\_\_\_\_ NEW POSITION \_\_\_\_\_

CURRENT WAGE \$ \_\_\_\_\_ NEW WAGE \$ \_\_\_\_\_

CURRENT POSITION \_\_\_\_\_ NEW POSITION \_\_\_\_\_

CURRENT WAGE \$ \_\_\_\_\_ NEW WAGE \$ \_\_\_\_\_

NAME AND TITLE OF CONTACT PERSON \_\_\_\_\_

DATE SUBMITTED \_\_\_\_\_