



T-BOY'S SLAUGHTER HOUSE

2228 Pine Point Rd., Ville Platte, LA 70586 Phone: (337) 468-3333 Fax: 468-5055

T-Boy's Boudin & Cracklins

1500 W. Laurel, Eunice, LA 70535 Phone: (337) 457-3344 Fax: 457-3343

www.tboysboudin.com

Application Instructions:

1. Fill out our [Employment Application](#)
2. Print the completed application.
(Hint: Use the "save as PDF" as the Print Destination, in the print dialog window.)
3. Then submit your completed application via email to: tboysboudin@hotmail.com

We consider all applicants for all positions without regard to race, color, religion, sex, age, marital status, or veteran status.

Position(s) applied for:

Date:

How did you learn about us?

Friend: ☐ Check Box (Name:

Walk-In: ☐ Check Box

Advertisement: ☐ Check Box

Employment Agency: ☐ Check Box

Relative: ☐ Check Box

Other:

Last Name:

First Name:

Middle Name:

Street Address:

City:

State:

Zip Code:

Telephone Numbers:

Driver's License:

Social Security Number:

Age:

Date of Birth:

Marital Status:

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes: ☐ Check Box No: ☐ Check Box

Have you ever filed an application with us before? Yes ☐ Check Box No ☐ Check Box

If YES, please give date:

Are you currently employed? Yes: ☐ Check Box No: ☐ Check Box

If so, may we contact your present employer? Yes: ☐ Check Box No: ☐ Check Box

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?* Yes: ☐ Check Box No: ☐ Check Box

*Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to work?

Are you available to work: Full Time ☐ Check Box Part Time ☐ Check Box Temporary ☐ Check Box

Are you currently on "layoff" status or subject to recall? Yes: ☐ Check Box No: ☐ Check Box

Can you travel if the job requires it? Yes: ☐ Check Box No: ☐ Check Box

Have you been convicted of a felony within the last 7 years? * Yes: ☐ Check Box No: ☐ Check Box

*Conviction will not necessarily disqualify applicant from employment.

Are there any circumstances with will prevent you from being at work regularly and on time and to work overtime as required by company? If yes, please explain:

Number of days absent from work in the past 12 months:

Are you able and willing to pass a drug screen? Yes: ☐ Check Box No: ☐ Check Box

| Education | Name & Location of School | Last Year Completed? | Did you Graduate? | Degree of Diploma Received |
|-------------|---------------------------|-------------------------|---|----------------------------|
| Elementary | <div></div> | <div></div> | Yes: <input type="checkbox"/> Check Box No: <input type="checkbox"/> Check Box | <div></div> |
| High School | <div></div> | <div></div> | Yes: <input type="checkbox"/> Check Box No: <input type="checkbox"/> Check Box | <div></div> |
| College | <div></div> | <div></div> <div></div> | Yes: <input type="checkbox"/> Check Box No: <input type="checkbox"/> Check Box | <div></div> |
| Other | <div></div> | <div></div> | Yes: <input type="checkbox"/> Check Box No: <input type="checkbox"/> Check Box | <div></div> |

List any specialized professional , trade, or business skills you may have:

Former Employers

***NOTE: THIS MAY BE THE MOST IMPORTANT PART OF YOU GETTING HIRED! BE SURE TO FILL OUT EVERYTHING!**

| Dates Employed | Name and Address of employer with supervisors name | Salary | Position | Reason for Leaving | Phone Number(s) |
|--|--|-------------|-------------|--------------------|-----------------|
| From <div></div> To <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |
| From <div></div> To <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |

From

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| <div>To</div> <div></div> | <div></div> | <div></div> | <div></div> | <div></div> | <div></div> |

References: Names of three persons NOT related to you whom you have known at least one year.

| Name | Phone Number(s) | Relationship | Years Acquainted |
|------|-----------------|--------------|------------------|
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Do you have anyone currently working at T-Boy’s that is related to you?

Yes: ☐ Check BoxNo: ☐ Check Box

Physical Record

Do you have any physical condition which may limit your ability to satisfactorily perform the job applied for? If yes, please explain.

Have you ever had any serious knee or back injury? If yes, please explain.

Job Description: ANYTHING & EVERYTHING!!! (Same as T-Boy and anyone else working at T-Boy's)

In case of emergency notify:

| Name | Relationship | Phone # |
|------|--------------|---------|
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Mother's Name:

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Father's Name:

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***NOTE: Please attach resume (if you have one.)**

EMPLOYEES WITH 2ND JOBS

- **You must put this job FIRST.**
- **My work schedule is most important.**
- **You work around my work schedule – OR you can go work full time with your other job.**
- **You are not allowed to come in tired and/or complaining.**

Applicant's Statement

I verify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any application wishing to be considered for employment being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by the rules and regulations of the Employer.

Signature of Applicant

Date

FOR STORE PERSONNEL DEPT USE ONLY

Remarks:

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| Neatness | <table border="1"><tr><td></td></tr></table> | |
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| Personality | <table border="1"><tr><td></td></tr></table> | |
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| Character | <table border="1"><tr><td></td></tr></table> | |
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| Ability | <table border="1"><tr><td></td></tr></table> | |
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