

APPLICATION FOR EMPLOYMENT

Louisiana Cemetery Services, LLC. IS AN EQUAL OPPORTUNITY EMPLOYER and fully subscribes to the principal of Equal Employment Opportunity. We have voluntarily adopted an Affirmative Action Program to ensure that all applicants and employees are considered for hire, promotion and job status, without regard to race, color, religion, sex, national origin, age, veteran status, or disability. Any applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

To protect the interests of all concerned, applicants for certain job assignments may be required to pass a physical examination before they begin work. Alternative placement of a qualified applicant who does not meet the physical standards of the job for which he/she was originally considered is permitted. Louisiana Cemetery Services, LLC. also conducts Pre-Employment Substance Abuse Testing.

Name: _____ Social Security Number: _____
Last First MI

Address: _____ Best Phone #: _____

City: _____ State: _____ Zip Code: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Are you 18 years of age or older? Yes No If Hired, can you provide proof of age? Yes No

Are you a citizen or Alien legally entitled to work in the U.S.? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

Are you able to meet attendance requirements? Yes No

Do you have any objections to working weekends and overtime if necessary? Yes No

Can you travel if required by this position? Yes No

Do you possess a valid driver's license? Yes No

Driver's License Number / State: _____

Have you ever been arrested and/or convicted of a crime? Yes No

If yes, please explain (an arrest / conviction will not automatically bar employment):

Have you ever applied to this Company before? Yes No How were you referred to us? _____
If Yes, When and Where? _____

Have you ever been employed by this company (or affiliated Company) before? Yes No If Yes, When and Where? _____

Do you have any relatives employed with the Company? Yes No If Yes, list name and relationship; _____

Position Desired: _____ Type of work Desire: Temporary Regular Part-Time Full-Time Date Available: _____
Date you can start: _____ Max Hours/Week: _____
Desired Pay: _____

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Have you ever entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for our Company? Yes No

If yes, please explain: _____

Employment History:

Please provide all employment information for the past three employers starting with the most recent.

Employer: _____ Position Held: _____
Address: _____ Telephone #: _____
Dates Employed: From: _____ To: _____ Salary: _____
Immediate supervisor: Name: _____ Title: _____
Job Summary: _____
Reason for leaving: _____

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Immediate supervisor: Name: _____ Title: _____
Job Summary: _____
Reason for leaving: _____

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

Education History:

List school name and location, years completed, course of study, and any degrees earned.

Other Skills and Qualifications:

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications.

References:

List 3 reference names, telephone numbers, years known (do not include relatives or employers).

Applicant Statement:

I certify that all the information contained in this application is correct to the best of my knowledge and understand that the misstatement or omission of information is grounds for disqualification from any further consideration or for dismissal in accordance with Company policy.

I authorize the references listed above to give you any and all information concerning the accuracy of information provided herein, my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of the Company and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either myself or the Company.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

I understand that no manager or representative of the Company other than an authorized officer of the Company has the authority to enter into any agreement for employment for a specific period of time, or to make any agreement contrary to the foregoing. In some states, the law requires that the Company have the applicant's written permission before obtaining consumer reports or police records on an individual, and I hereby authorize the Company to obtain such reports. I further understand and agree to submit a pre-employment **Substance Abuse Test**.

Signature of Applicant

Date

DISCLOSURE TO CONSUMER

Louisiana Cemetery Services, LLC.

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency.

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION TO OBTAIN INFORMATION

Louisiana Cemetery Services, LLC.

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers: I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided a written request and proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

Applicant's / Employee's Full Name (Printed)

Applicant's / Employee's Signature

Date of Signature