



NEW ORLEANS STEAMBOAT COMPANY

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

		Social Security Number
	Date	
Name		
Last	First	Middle
Present Address		
Street	City	State Zip
Permanent Address		
Street	City	State Zip
Phone No.		
Referred By		
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Last

First

Middle

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?

EDUCATION

Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research Work

Job Related Skills (typing, driver's license, etc.)

Activities Other Than Religious (Civic, Athletic, etc.)

EXCLUDE ORGANIZATION, THE NAME OR CHARACTER OF WHICH INDICATED THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

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FORMER EMPLOYERS

List below your last four employers, starting with the last one first.

Date Month and Year	Name of Employer and Supervisor's Name, Phone #, Address	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES

List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1			
2			
3			

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date _____ Signature _____

In Case of
Emergency Notify _____
Name

Address _____ Phone No. _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Interviewed By _____ Date _____

REMARKS:

INS Form I-9 completed? Yes No

Hired _____ For Dept. _____ Position _____ Will Report _____ Salary
Wages _____

Approved: 1. _____ 2. _____ 3. _____

Employment Manager _____ Dept. Head _____ General Manager _____



INNOVATIVE RISK MANAGEMENT SERVICES

2714 Canal Street, Suite 102
New Orleans, LA 70119
P: (504)309.2104
F: (504)309.2206

BACKGROUND SEARCH INFORMATION FORM

NEW ORLEANS STEAMBOAT COMPANY

Note to Applicant: the purpose of this form is to obtain information for Innovative Risk to conduct a criminal background search. This form will not become a part of an applicant personnel file.

Employer: To ensure an accurate search, please make sure this form is fully completed clear print.

Client Services:

Criminal County Search (7-years Address History): Social Security Trace:
 Multi-State Instant Criminal Check: National Sex Offender Registry Check:

Print Full Name: _____
Social Security Number: _____ **Date of Birth:** _____
Driver's License No: _____ **Date Issued:** _____
 Your Complete & Full
 Current Physical Address: _____ Apt. Number: _____
 City, State: _____ Zip Code: _____

*(Complete this section ONLY if you are requesting License Verification)

Type of Professional License	License Number	State Issued	Date Issued
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***Residences:** List below all cities and parishes/counties in which you have resided during the past 7 **YEARS ONLY**. Please list the dates you resided in each city and all last names you used while living there **DURING THOSE 7 YEARS**.

_____ (City, State)	_____ (County/Parish)	_____ (All last Names used while living here)	_____ (Mo.-Yr.) / (Mo.-Yr.)
_____ (City, State)	_____ (County/Parish)	_____ (All last Names used while living here)	_____ (Mo.-Yr.) / (Mo.-Yr.)
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_____ (City, State)	_____ (County/Parish)	_____ (All last Names used while living here)	_____ (Mo.-Yr.) / (Mo.-Yr.)

By Completing and signing this form you authorizing Innovative access to any active or inactive criminal records.

Applicant's Signature: _____

Person Requesting Search: _____ **Signature:** _____ **Date** _____
 (Please Print Clearly) _____