

ALL SKILLED CONSTRUCTION

Application for Employment

Date: _____
S.S. #: _____

All Skilled Construction is an Equal Opportunity Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PERSONAL INFORMATION

NAME _____

ADDRESS _____

PHONE _____

ARE YOU LEGALLY ELIGIBLE FOR WORK IN THE UNITED STATES? YES NO ARE YOU 18 YEARS OR OLDER? YES NO

POSITION APPLIED FOR _____ SALARY DESIRED _____

REFERRED BY _____

HAVE YOU APPLIED WITH All Skilled Inc. BEFORE? YES NO IF YES, WHEN? _____

WOULD YOU PREFER TO WORK FULL TIME PART TIME TEMPORARY DATE AVAILABLE _____

ARE YOU EMPLOYED NOW? YES NO

DOES YOUR PRESENT EMPLOYER KNOW OF YOUR PLANS TO CHANGE EMPLOYMENT? YES NO

MAY WE CONTACT THE EMPLOYERS LISTED BELOW? IF NOT, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED, SUCH AS SPECIAL TRAINING, MACHINE OPERATIONS, HOBBIES, LANGUAGES, ETC

U.S. ARMED FORCES YES NO IF YES, BRANCH _____ RANK AT DISCHARGE _____

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? YES NO IF YES, PLEASE EXPLAIN: (CONVICTION WILL NOT NECESSARILY DISQUALIFY APPLICANT FOR EMPLOYMENT) _____

IN CASE OF EMERGENCY, NOTIFY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
GRAMMAR SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	

Work History (List below last three employers, starting with last one first)

Employer	Dates Employed FROM TO		Duties
Phone Number	Hourly Rate/ Salary START ENDING		
Job Title			
Supervisor			
Reason for leaving			

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Phone Number	Hourly Rate/ Salary START ENDING		
Job Title			
Supervisor			
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Phone Number	Hourly Rate/ Salary START ENDING		
Job Title			
Supervisor			
Reason for leaving			

References: List names of three references not related to you, whom you have known at least one year

NAME	ADDRESS	PHONE	AFFILIATION

SKILL ASSESSMENT

<u>ELECTRICIAN</u>		<u>CARPENTRY</u>	
Number of years		Number of years	
Journeyman	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skilled	<input type="checkbox"/> YES <input type="checkbox"/> NO
Licensed	<input type="checkbox"/> YES <input type="checkbox"/> NO	Helper	<input type="checkbox"/> YES <input type="checkbox"/> NO
State of License		Laborer	<input type="checkbox"/> YES <input type="checkbox"/> NO
Apprentice	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skills (list)	
Helper	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Pull wire	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Bend pipe	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<u>HVAC</u>		<u>CLERICAL/OTHER</u>	
Number of years		Number of years	
Skilled	<input type="checkbox"/> YES <input type="checkbox"/> NO	Microsoft –	
Semi-Skilled	<input type="checkbox"/> YES <input type="checkbox"/> NO	Word	<input type="checkbox"/> YES <input type="checkbox"/> NO
Helper	<input type="checkbox"/> YES <input type="checkbox"/> NO	Excel	<input type="checkbox"/> YES <input type="checkbox"/> NO
Duct Work	<input type="checkbox"/> YES <input type="checkbox"/> NO	PowerPoint	<input type="checkbox"/> YES <input type="checkbox"/> NO
System Install	<input type="checkbox"/> YES <input type="checkbox"/> NO	Outlook	<input type="checkbox"/> YES <input type="checkbox"/> NO
Service	<input type="checkbox"/> YES <input type="checkbox"/> NO	QuickBooks	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Other (list)	
<u>PLUMBER</u>			
Number of years			
Journeyman	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Apprentice	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Helper	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Please list or describe any other skills or certifications you may have :

DISCLAIMER

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION

I understand that ALL SKILLED CONSTRUCTION is hired by facilities to do their recruiting and sometimes their hiring. I agree that I will notify ALL SKILLED CONSTRUCTION of any offer or discussion regarding potential employment made to me within one year of my interview arranged by or through ALL SKILLED CONSTRUCTION.

I further understand that if I fail to notify ALL SKILLED CONSTRUCTION as above or if I accept a position with the employer without going through ALL SKILLED CONSTRUCTION, I may be held jointly and severally liable for the fee. If I am hired through ALL SKILLED CONSTRUCTION there will be no fee to me as the employee.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

Applicant Signature: _____

Date: _____

ALL SKILLED CONSTRUCTION

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/ OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/ alcohol testing policy of

_____ and All Skilled Construction Inc. to submit to a drug or alcohol test and to furnish a sample of my urine, breathe, and / or bleed for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have All Skilled Construction Inc. and/ or its company representative to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relation to such test to All Skilled Construction Inc. and/ or any governmental entity involved in a legal proceeding or investigation connected with the test.

Please List below any and all medications (Prescription or Otherwise) that may have been taken recently.

Drug	Prescription/ Other	Name of Prescribing Doctor

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN TEST UNDER THEIR POLICY WHENEVER I AM INVOLVED IN AN ON THE JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

Employee Name: _____ Signature: _____

Date: _____

All Skilled Construction Inc. (Rep): _____ Signature: _____

Date: _____

Results: Positive Negative

Notes: _____

Background Check Authorization Form

Applicant Agreement and Release

I, the undersigned applicant, do hereby certify that all information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that falsification of any information on company documents may lead to denial of employment or termination.

In connection with my application for employment, I understand that investigative background inquiries will be made about me that can include consumer credit, education verification, criminal convictions, motor vehicle records, check workers' compensation, and others. These reports will include information as to my character, general reputation, work habits, performance, and experience, along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences.

I authorize, without reservation, any party or agency contacted by A Skilled Construction to furnish the above-mentioned information prior to or at any time during my employment. **The information on this form will be used solely for the purpose of conducting background checks to determine employment eligibility and will be maintained in a confidential file, separate from the general personnel file.**

I hereby release all of the persons and agencies providing such information from any and all claims, damages, or liabilities connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge A Skilled Construction to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieval and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information contained in a consumer credit report.

Applicant Information and Signature

I understand that to aid in the proper identification of my file or records, the following information is necessary:

Print Your Name _____

Current Address _____

Soc. Sec. No. _____ Date of Birth _____ Sex _____ Race _____

Drivers License No. _____ State _____

Applicant's Signature _____ **Date** _____

Applicant Request for Records

If the company obtains records from a consumer reporting agency, such as my credit report, (applicant, select one)

I would like a copy I would not like a copy

Intuit QuickBooks Payroll



Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: Checking Savings

Bank routing number (ABA number) _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: Checking Savings

Bank routing number (ABA number) _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below) _____

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ Employee's signature (This form is not valid unless you sign it.)		▶ _____ ▶ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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NC-4EZ Employee's Withholding Allowance Certificate

Filing Status (Mark one box only) Single or Married Filing Separately Head of Household Married Filing Jointly or Surviving Spouse

Social Security Number

____-____-____

First Name

M.I.

Last Name

Address

County (Enter first five letters)

City

State

Zip Code

Country (If not U.S.)

Instructions. Use Form NC-4EZ if you:

- Plan to claim the N.C. Standard Deduction
- Plan to claim the N.C. Child Deduction Amount (but no other N.C. deductions)
- Do not plan to claim N.C. tax credits
- Qualify to claim exempt status (See Lines 3 or 4 below)

Important. If you plan to claim N.C. itemized deductions or plan to claim other N.C. deductions (other than the N.C. Child Deduction Amount), you must complete Form NC-4. If you are a nonresident alien, you must complete Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)

If you plan to claim the N.C. Child Deduction Amount, use the table below for your filing status, amount of income, and number of children under age 17 to determine the number of allowances to enter on Line 1. For married taxpayers, only one spouse may claim the allowance for the N.C. Child Deduction Amount for each child.

Single & Married Filing Separately		Married Filing Jointly & Surviving Spouse		Head of Household	
Income	# of Children under age 17	Income	# of Children under age 17	Income	# of Children under age 17
	1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10		1 2 3 4 5 6 7 8 9 10
	# of Allowances		# of Allowances		# of Allowances
0 - 20,000	1 2 3 4 5 6 7 8 9 10	0 - 40,000	1 2 3 4 5 6 7 8 9 10	0 - 30,000	1 2 3 4 5 6 7 8 9 10
20,001 - 30,000	0 1 2 3 4 4 5 6 7 8	40,001 - 60,000	0 1 2 3 4 4 5 6 7 8	30,001 - 45,000	0 1 2 3 4 4 5 6 7 8
30,001 - 40,000	0 1 1 2 3 3 4 4 5 6	60,001 - 80,000	0 1 1 2 3 3 4 4 5 6	45,001 - 60,000	0 1 1 2 3 3 4 4 5 6
40,001 - 50,000	0 0 1 1 2 2 2 3 3 4	80,001 - 100,000	0 0 1 1 2 2 2 3 3 4	60,001 - 75,000	0 0 1 1 2 2 2 3 3 4
50,001 - 60,000	0 0 0 0 1 1 1 1 1 2	100,001 - 120,000	0 0 0 0 1 1 1 1 1 2	75,001 - 90,000	0 0 0 0 1 1 1 1 1 2
60,001 and over	0 0 0 0 0 0 0 0 0 0	120,001 and over	0 0 0 0 0 0 0 0 0 0	90,001 and over	0 0 0 0 0 0 0 0 0 0

1. Total number of allowances you are claiming (Enter zero (0), or the number of allowances from the table above) _____

2. Additional amount, if any, you want withheld from each pay period (Enter whole dollars) _____.

3. I certify that I am exempt from North Carolina withholding because I meet both of the following conditions: Last year I was entitled to a refund of all State income tax withheld because I had no tax liability; and This year, I expect a refund of all State income tax withheld because I expect to have no tax liability. Check Here

4. I certify that I am exempt from North Carolina withholding because I meet the requirements set forth in the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act and Veterans Benefits and Transition Act. (See Form D-401, North Carolina Individual Income Tax Instructions, for more information.) Check Here

If an exemption on Line 3 or Line 4 applies to you, enter the year the exemption became effective _____

5. I certify that I no longer meet the requirements for an exemption on Line 3 or Line 4 (Check applicable box)

Therefore, I revoke my exemption and request that my employer withhold North Carolina income tax based on the number of allowances entered on Line 1 and any additional amount entered on Line 2. Check Here

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Employee's Signature _____

Date _____

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on Line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on Line 3 or 4, whichever applies.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number <input type="text"/> - <input type="text"/> - <input type="text"/>		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

STOP Employer Completes Next Page **STOP**



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto;"></div>		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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EXHIBIT "E"

(Page 1 of 2)

3rd Party Labor Employee Medical Questionnaire

Please Print:

Name: _____ Social Security Number: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Medical History

Do you now have or have you ever had any of the following medical conditions? Check EACH of the following "Yes" or "No." Any "Yes" answer must be explained fully on the back of the page.) Answer AEL questions.

FAILURE TO ANSWER TRUTHFULLY COULD RESULT IN FORFEITURE OF WORKERS' COMPENSATION BENEFITS UNDER R.S. 23:1208.1.

	Yes	No		Yes	No
Epilepsy	_____	_____	Back Surgery	_____	_____
Diabetes (sugar Problems)	_____	_____	Allergies	_____	_____
Cardiac (Heart) Disease	_____	_____	Arthritis	_____	_____
Marie Stumpell Disease	_____	_____	Cerebral Vascular Accident	_____	_____
Any Loss of Vision	_____	_____	Tuberculosis	_____	_____
Polio	_____	_____	Silicosis	_____	_____
Any Amputation	_____	_____	Ankylosis of Joints	_____	_____
Cerebral Palsy	_____	_____	Hyperinsulinism	_____	_____
Multiple Sclerosis	_____	_____	Arteriosclerosis	_____	_____
Parkinson's Disease	_____	_____	Varicose Veins	_____	_____
Vascular (Circulation) Disorder	_____	_____	Heavy Metal Poisoning	_____	_____
Psychiatric or Psychological Treatment or Evaluation	_____	_____	Ionizing Radiation Injury	_____	_____
Hemophilia or other blood Disease	_____	_____	Compressed Air Sequelae	_____	_____
Osteomyelitis	_____	_____	Hodgkins Disease	_____	_____
Stiff Joints	_____	_____	Brain Damage	_____	_____
Hypoglycemia (Sugar Problem)	_____	_____	Mental Retardation	_____	_____
Thrombophebitis	_____	_____	Muscular Dystrophy	_____	_____
Herniated Invertebral Disc	_____	_____	Height	_____ ft _____ in	
			Weight	_____ lbs	

Have you ever received treatment for a back condition or injury? _____ Yes _____ No
 Have you ever received treatment for a neck condition or injury? _____ Yes _____ No
 Have you ever received treatment for a knee condition or injury? _____ Yes _____ No
 Have you ever received treatment for a head injures? _____ Yes _____ No
 Do you now or have you ever suffered from aches or pains in the back? _____ Yes _____ No
 Have you ever had any surgery? _____ Yes _____ No If yes, please list the surgeries and date they were performed:

Do you now or have you ever had any physical disabilities, impairments or handicaps? _____ Yes _____ No
 Have you ever had a worker's compensation injury? _____ Yes _____ No
 Have you ever received a disability rating for any reason? _____ Yes _____ No
 Have you ever received compensation or medical benefits under workers compensation? _____ Yes _____ No

I ACKNOWLEDGE THAT I MUST NOTIFY MY SUPERVISOR IMMEDIATELY IF
 (1) THERE IS ANY CHANGE REGARDING THE FOREGOING INFORMATION OR
 (2) I SUFFER ANY WORK-RELATED INJURY, REGARDLESS OF SEVERITY.

Applicant Signature: _____ Date: _____