

EEO Employee Data Form

Merrick, LLC is committed to providing equal opportunity in all employment-related activities without regard to race, color, religion, sex, sexual orientation, national origin, age, disability unrelated to program performance, or veteran status. Reasonable accommodation, based on disability or religious observances, will be considered when appropriate. We recognize our affirmative action responsibilities with respect to women, minorities, individuals with disabilities, and eligible veterans. As a federal government contractor, Merrick, LLC is required to collect and report the following information to Federal and State agencies. This information will be kept confidential and will only be used in accordance with the provisions of applicable law, executive orders, and regulations. Responses to this form are voluntary and refusal to provide the information will not subject you to any adverse employment action. If you have any questions concerning this questionnaire, please contact Human Resources at (318) 876-3326 ext.201.

General	<p>Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First Middle </div> </p> <p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Birthdate: ____ / ____ / ____</p>
Disability	<p><input type="checkbox"/> I choose to be identified as an individual with a disability because I have a record of, or am regarded as, having a physical or mental impairment that substantially limits one or more of my major life activities.</p> <p><i>Should you desire an accommodation under the ADA, please inform Human Resources.</i></p>
Ethnicity	<p>What is your ethnicity?</p> <p><input type="checkbox"/> Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p>What is your race? (Mark one or more races to indicate what race you consider yourself to be.)</p> <p><input type="checkbox"/> American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.</p> <p><input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far east, Southeast Asia, or the Indian sub-continent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><input type="checkbox"/> Black or African American: A person having origins in any of the Black racial groups of Africa.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>

I choose not to complete the information on this form. (Please be sure to complete your name in the first section)

Signature: _____

Date: _____



Pre-Employment Questionnaire
 Equal Opportunity Employer

Application for Employment

Personal Information			
Name (Last Name First)			SS #
Physical Address		City	State Zip
Mailing Address		City	State Zip
Home Phone	Cell Phone	Other Phone	
Referred by			

Employment Desired		
Position Desired	Date You Can Start	Salary Desired \$
Are you Employed Now? Yes () No ()	If so, may we inquire with your present employer? Yes () No ()	
Ever applied to this company before? Yes () No ()	Where?	When?

Education History		
Grammar School	Years Completed?	Graduated? Yes () No ()
High School	Years Completed?	Graduated? Yes () No ()
College	Years Completed?	Graduated? Yes () No ()
Trade, Business or Other School(s)	Years Completed?	Graduated? Yes () No ()

General Information	
Special Training / Skills	
U.S. Military Service	Rank

Former Employers				
Date (Month and Year)	Name & Address of Employers	Pay Rate	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

References			
Name	Contact Number(s)	Business	Years Known

Authorization:
 "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
 I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from any damage that may result from utilization of such information.
 I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.
 This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date:	Signature:
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*** Attention Applicant - PAGE 2 Is For Office Use ONLY - Do NOT Complete ***

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Interview Form

Have you ever used any other names (nicknames) so that we may conduct the appropriate background checks?	Yes () No ()
Referring to Form I-9, can you provide a document to establish identity if you are hired?	Yes () No ()
Referring to Form I-9, can you provide a document to establish employment eligibility if you are hired?	Yes () No ()
What position would you like to have here?	
Are you qualified for that position?	Yes () No ()
Are you able to perform the essential functions of that job?	Yes () No ()
If the applicant voluntarily discloses a disability, you may then ask, Can you perform the essential functions of this job with reasonable accommodation?	Yes () No ()
Why are you leaving your present (or last) job?	
In a brief statement, would you summarize your work history and education for me?	
Have you ever been convicted of a crime? (YES answers may be relevant if job related, but do not necessarily bar you from employment).	Yes () No ()
Have you had any such charges brought against you that were later reduced, dismissed, or not adjudicated due to pre-trial intervention? (YES answers may be relevant if job related, but do not necessarily bar you from employment).	Yes () No ()
Employment with our company will be contingent upon passing a job related physical exam and drug screen. OK?	Yes () No ()
Is there anything else that you would like to add?	Yes () No ()

Remarks:

Interviewed By:	Date:
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Reference Check Form

Former Employer 1	Former Employer 2	Former Employer 3
Date:	Date:	Date:
Name of person providing information.	Name of person providing information.	Name of person providing information.
1) Date and duration of employment?	a) Date and duration of employment?	a) Date and duration of employment?
2) Pay rate and wage history?	b) Pay rate and wage history?	b) Pay rate and wage history?
3) Job description and duties?	c) Job description and duties?	c) Job description and duties?
4) Attendance information?	d) Attendance information?	d) Attendance information?
5) Drug/alcohol test(s) in last year?	5) Drug/alcohol test(s) in last year?	5) Drug/alcohol test(s) in last year?
6) Threat of violence or harassing acts?	6) Threat of violence or harassing acts?	6) Threat of violence or harassing acts?
7) Voluntary () or involuntary () separation	7) Voluntary () or involuntary () separation	7) Voluntary () or involuntary () separation
8) Eligible for rehire? Yes () No ()	8) Eligible for rehire? Yes () No ()	8) Eligible for rehire? Yes () No ()