



TOWN OF ROSEPIÑE, LA



APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOT, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF ANY PHYSICAL OR MENTAL MEDICAL CONDITION OR DISABILITY, OR OTHER LEGALLY PROTECTED STATUS.

Date of Application: _____

PERSONAL INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE IN:
ADDRESS:		CITY:	STATE:	ZIP:
HOME PHONE:		CELL PHONE:		
EMAIL ADDRESS:				
POSITION (S) APPLIED FOR:		HAVE YOU WORKED HERE BEFORE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
DATE AVAILABLE FOR WORK:		ARE YOU 18 YEARS OF AGE OR OLDER?		<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY FRIENDS OR RELATIVES WHO WORK FOR US?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:		
ARE YOU ABLE SATISFACTORILY PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION (S) FOR WHICH YOU ARE APPLY WITH OR WITHOUT A REASONABLE ACCOMODATION?				<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION AND TRAINING

SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	DEGREES OR CREDITS RECEIVED
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO YEAR:	
UNDERGRADUATE COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO YEAR:	
GRADUATE COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO YEAR:	
ADDITIONAL CREDIT COURSES (TRADE, ETC.)			<input type="checkbox"/> YES <input type="checkbox"/> NO YEAR:	

EMPLOYMENT HISTORY

PRESENT EMPLOYER:

DATES EMPLOYED:	FROM:		TO:		
COMPANY NAME:			ADDRESS:		CITY:
					STATE:
					ZIP:
STARTING SALARY:			REASON FOR LEAVING:		
ENDING SALARY:			PHONE NUMBER:		
JOB TITLE & DUTIES					

PREVIOUS EMPLOYER:

DATES EMPLOYED:	FROM:		TO:		
COMPANY NAME:			ADDRESS:		CITY:
					STATE:
					ZIP:
STARTING SALARY:			REASON FOR LEAVING:		
ENDING SALARY:			PHONE NUMBER:		
JOB TITLE & DUTIES					

PREVIOUS EMPLOYER:

DATES EMPLOYED:	FROM:		TO:		
COMPANY NAME:			ADDRESS:		CITY:
					STATE:
					ZIP:
STARTING SALARY:			REASON FOR LEAVING:		
ENDING SALARY:			PHONE NUMBER:		
JOB TITLE & DUTIES					

PREVIOUS EMPLOYER:

DATES EMPLOYED:	FROM:		TO:		
COMPANY NAME:			ADDRESS:		CITY:
					STATE:
					ZIP:
STARTING SALARY:			REASON FOR LEAVING:		
ENDING SALARY:			PHONE NUMBER:		
JOB TITLE & DUTIES					

PREVIOUS EMPLOYER:

DATES EMPLOYED:	FROM:		TO:		
COMPANY NAME:			ADDRESS:		CITY:
					STATE:
					ZIP:
STARTING SALARY:			REASON FOR LEAVING:		
ENDING SALARY:			PHONE NUMBER:		
JOB TITLE & DUTIES					

REFERENCES

GIVE FIVE NAMES OF THREE PERSONS, OTHER THAN RELATIVES, WHO HAVE KNOWLEDGE OF YOUR CHARACTER, EXPERIENCE AND ABILITY:

NAME:		ADDRESS:	
PHONE NUMBER:		OCCUPATION:	

NAME:		ADDRESS:	
PHONE NUMBER:		OCCUPATION:	

NAME:		ADDRESS:	
PHONE NUMBER:		OCCUPATION:	

OTHER INFORMATION

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD, YOU MAY EXCLUDE MEMBERSHIPS, WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, HANDICAP OR OTHER PROTECTED STATUS.

LIST PROFESSIONAL HONORS OR CERTIFICATIONS YOU MAY HAVE RECEIVED OR ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOU FOR EMPLOYMENT.

READ AND SIGN APPLICANT'S STATEMENT ON PAGE 4

APPLICANT'S STATEMENT

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION (AND ACCOMPANYING RESUME , IF ANY) IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATIONS OR SIGNIFICANT OMMISION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT, IF DISCOVERED AT A LATER DATE. I AGGREE TO IMMEDIATELY NOTIFY THE COMPANY IF I SHOULD BE CONVICTED OF A FELONY, OR ANY CRIME INVOLVING DISHONESTY OR A BREACH OF TRUST WHILE MY JOB APPLICATION IS PENDING, DURING MY PERIOD OF EMPLOYMENT, IF HIRED.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY). I ALSO AUTHORIZE THE COMPANY TO CONTACT MY PRESENT EMPLOYER (UNLESS OTHERWISE NOTED IN THIS APPLICATION FORM), PAST EMPLOYERS, AND LISTED REFERENCES.

I AUTHORIZE ANY PERSON, SCHOOL, CURRENT OR PREVIOUS EMPLOYER, AND ORGANIZATIONS NAMED IN THIS APPLICATION FORM (AND ACCOMPANYING RESUME, IF ANY) TO PROVIDE THE COMPANY WITH RELEVANT INFORMATION AND OPINION THAT MAY BE USEFUL TO THE COMPANY IN MAKING A HIRING DECISION, AND I RELEASE SUCH PERSONS AND ORGANIZATIONS FROM ANY LEGAL LIABILITY IN MAKING SUCH STATEMENTS.

I UNDERSTAND THAT NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT FROM THE EMPLOYER CONSTITUTE AN EMPLOYMENT CONTRACT UNLESS A SPECIFIC DOCUMENT TO THAT AFFECT IS EXECUTED BY THE EMPLOYER AND EMPLOYEE IN WRITING.

I GIVE PERMISSION FOR A COMPLETE PHYSICAL EXAMINATION, INCLUDING DRUG SCREENING AND X-RAYS, I CONSENT TO THE RELEASE TO THE COMPANY OF ANY AND ALL SUCH INFORMATION.

I UNDERSTAND THAT IF MY EMPLOYMENT IS TERMINATED BY THE COMPANY FOR DISHONESTY, BREACH OF TRUST, OR ANY CRIMINAL ACTS THE AUTHORITIES MAY BE NOTIFIED AND I MAY BE CRIMINALLY PROSECUTED. I ALSO UNDERSTAND THAT, IF HIRED, I MAY NOT HOLD OTHER EMPLOYMENT NOR ENGAGE IN OTHER ACTIVITIES THAT CREATE A CONFLICT OF INTEREST WITH MY POSITION WITH THIS COMPANY.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 6 MONTHS.

IF YOU ARE OFFERED EMPLOYMENT, A MEDICAL EXAMINATION WILL BE REQUIRED BEFORE YOU START WORK. IF THE EXAMINATION DISCLOSES MEDICAL CONDITIONS THAT PREVENT YOU FROM SUCCESSFULLY PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB, THE COMPANY WILL ATTEMPT TO MAKE ACCOMMODATIONS TO ALLOW YOU TO WORK. IF NO REASONALBE ACCOMMODATIONS CAN BE FOUND, OR THEY CAUSE AN UNDUE HARDSHIP ON THE COMAPNY, THE TENTATIVE OFFER OF EMPLOYMENT WILL BE WITHDRAWN.

SIGNATURE OF THE APPLICANT

DATE