



TOWN OF ALBANY

29816 S. Montpelier Ave
Albany, LA 70711
(225) 567-1101

Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of a non-job-related medical condition or handicap.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Drivers License : _____

Position Applied for: _____

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	_____	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicants
Signature: _____ Date: _____

TOWN OF ALBANY

Albany, Louisiana



P.O. Box 1000
Albany, LA 70711
(225) 567-2115
FAX (225) 567-4902

AUTHORIZATION RELEASE OF INFORMATION

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Sex</u>	<u>Race</u>	<u>Date of Birth</u>
<u>Place of Birth</u>	<u>City</u>	<u>Parish/County</u>	<u>State</u>		

This release, when presented by a duly authorized representative of the Town of Albany, constitutes my consent and authority to examine and obtain copies and abstracts of records and to receive statements and information regarding my background.

Specifically, I authorize the release of the following data or records to the Town of Albany: Employment; Educational; Medical; Psychological; Selective Service; Police and Criminal; Motor Vehicle and Driving; Financial and Credit; Polygraph Examinations and any copy of the separation document and medical records of the National Personnel Records and Military Personnel Records Center.

This authorization is given in connection with a background investigation being conducted relative to my application for, or continued employment with, the Town of Albany. The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing an investigation, which may provide pertinent data for the Town of Albany, to consider my suitability for employment.

I understand that any information obtained by a personal history background, investigation, which is developed directly or indirectly, in whole or in part upon this authorization, will be considered in determining my suitability for employment by the Town of Albany. I understand that all materials pertaining to this background investigation become the property of the Town of Albany, Office of Public Safety, and the Office of Employment Standards and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event of my application is disapproved; the confidential information or source(s) of information will not be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

State of _____

County/City of _____

Subscribed and sworn before me this _____ day of _____ 20____

My commission expires _____, (Signature of Notary) _____

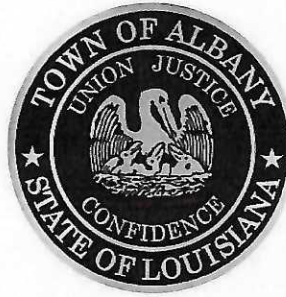
Signature _____

Street Address: _____

City, State, Zip: _____

TOWN OF ALBANY

Albany, Louisiana



P.O. Box 1000
Albany, LA 70711
(225) 567-2115
FAX (225) 567-4902

Applicant's Name: _____
(Please Print)

APPLICANT INFORMATION RELEASE

I hereby authorize any person, past or present employer, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information Town of Albany, any present or former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

Date: _____ Signed: _____