



Lafourche Parish Government

P.O. Drawer 5548; Thibodaux, LA 70302
 (985)446-8427 * 800-834-8832 * Fax (985)446-3530

Unclassified Employment Application

Thank you for your interest in applying for a job with the Lafourche Parish Government. Because of our commitment to offering the highest possible satisfaction to our customers, we are only interested in hiring the best. We want to have a complete understanding of your qualifications, motivations and interests, so that we can make careful and deliberate hiring decisions that will benefit both the Lafourche Parish Government and our employees. Please answer the following questions honestly, completely and thoughtfully.

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, or disability.

PLEASE FILL IN APPLICATION COMPLETELY (PLEASE PRINT OR TYPE)

Applicant Information

Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:					
	<i>Street Address</i>	<i>Apartment/Unit #</i>			
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>		
Daytime Phone:	()	Evening Phone:	()		
E-Mail Address:			Soc. Sec. No.:		
Do you currently have a valid Louisiana Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain:		
Do you currently have a Commercial Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what class:		
Position(s) Applied for:			Date Available to Begin Work:		
Type of Employment Sought:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Summer <input type="checkbox"/> Temporary				
Location of Work Sought:	<input type="checkbox"/> Bayou Blue <input type="checkbox"/> Chackbay <input type="checkbox"/> Galliano <input type="checkbox"/> Lockport <input type="checkbox"/> Raceland <input type="checkbox"/> Thibodaux				
If you are under 18 years of age, can you provide required proof of your eligibility to work?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
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"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give dates?		
Have you ever been discharged or asked to resign by an employer?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain:
Do you currently have a relative(s) employed by Lafourche Parish Government?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, list name(s) and job title(s):					
Do you currently have a relative(s) that hold an elected position for Lafourche Parish Government?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, list name(s):					
Can you perform the job duties of the position for which you are applying with or without reasonable accommodations?			Yes	No	
If no, please explain:					

NAME:

Military Experience

Have you ever been in the United States Armed Services? YES NO What Branch?

Describe any skills you acquired in the Service which would be useful to the job for which you are applying:

Professional License/Certification

License/Certification _____ Date of Issue: _____

Expiration Date: _____ Issued By: _____

Field/Trade _____

Education and Training

Did you graduate from high school or receive GED? Yes No Year: _____

	School Name and Location	Dates Attended		Course of Study	Did you Graduate?		Degree Diploma, B.S., MBA)
		From	To		Yes	No	
Undergraduate College or University					<input type="checkbox"/>	<input type="checkbox"/>	
Graduate/ Professional					<input type="checkbox"/>	<input type="checkbox"/>	
Other (Specify)					<input type="checkbox"/>	<input type="checkbox"/>	

Skills/Equipment

Office Equipment: (Please check all that apply)	<input type="checkbox"/> Calculator	Computer Software: (Please check all that apply)	<input type="checkbox"/> Microsoft Word
	<input type="checkbox"/> Copy Machine		<input type="checkbox"/> Microsoft Excel
	<input type="checkbox"/> PC/MAC		<input type="checkbox"/> Microsoft Outlook
	<input type="checkbox"/> Fax Machine		<input type="checkbox"/> Microsoft Power Point
	<input type="checkbox"/> Postage Machine		<input type="checkbox"/> Microsoft Access
	<input type="checkbox"/> Multi-line Telephone		<input type="checkbox"/> Internet
	<input type="checkbox"/> Typewriter		<input type="checkbox"/> Other

Typing Speed: _____ WPM

Describe any honors, specialized training, certificates, apprenticeship, skills, and extra-curricular activities:

Employment History

FAILURE TO GIVE COMPLETE AND DETAILED INFORMATION REGARDING EACH JOB HELD MAY RESULT IN YOUR DISQUALIFICATION OR IN A LOWER RATING SCORE. **BEGIN WITH YOUR PRESENT OR LAST JOB.** INCLUDE ANY JOB-RELATED MILITARY SERVICE AND VOLUNTEER ACTIVITIES. PLEASE EXPLAIN ANY PERIODS OF UNEMPLOYMENT. YOU MAY EXCLUDE ANY ORGANIZATION WHICH MAY INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, HANDICAP OR OTHER PROTECTED STATUS. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH EXTRA SHEETS. IT IS IMPORTANT TO FILL OUT THE BEGINNING AND ENDING DATES OF EMPLOYMENT. RESUMES AND PREPRINTED JOB SPECIFICATIONS ARE **NOT** ACCEPTED IN PLACE OF INFORMATION REQUESTED OF THIS FORM. IT IS IMPORTANT THAT YOU FURNISH ACCURATE ADDRESSES AND PHONE NUMBERS.

NAME:									
Company:							Phone:		()
Address:							Supervisor Name and Job Title:		
Job Title:									
Responsibilities:									
From:		To:		Reason for Leaving:					
May we contact for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:							Phone:		()
Address:							Supervisor Name and Job Title:		
Job Title:									
Responsibilities:									
From:		To:		Reason for Leaving:					
May we contact for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:							Phone:		()
Address:							Supervisor Name and Job Title:		
Job Title:									
Responsibilities:									
From:		To:		Reason for Leaving:					
May we contact for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company:							Phone:		()
Address:							Supervisor Name and Job Title:		
Job Title:									
Responsibilities:									
From:		To:		Reason for Leaving:					
May we contact for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<p style="text-align: center;">If you need additional space to adequately describe your employment history, you may attach a typed employment history providing the same information in the same format as this application form</p>									
References									
List the names of any professional character references who have known you for the last three years and from whom you can obtain letters of recommendation. Please do not list relatives.									
Name:					Occupation:				
Address:					City:				
Phone:			Relationship:			Email Address:			
Name:					Occupation:				
Address:					City:				
Phone:			Relationship:			Email Address:			
Name:					Occupation:				
Address:					City:				
Phone:			Relationship:			Email Address:			

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

By signing the below, I certify that I have read, understand, and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known to the Lafourche Parish Government, would affect my application unfavorably. If I am hired by the Lafourche Parish Government, and if Lafourche Parish Government discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job. This employment application will be considered active for one (1) year from the date below. If I want to be reconsidered for a job with the Company after this period of time I must fill out another application.

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work with the Lafourche Parish Government. I understand that if I am employed by the Lafourche Parish Government, I may be required, when job-related and consistent with the Lafourche Parish Government's business needs, to undergo a medical examination or testing for alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs at any time. I am aware that the results will be made available to the Human Resources Department. I also understand that, in accordance with Louisiana R.S. 23:897, the Lafourche Parish Government may withhold from the wages of an employee the cost of the pre-employment medical examination, drug test, or both if the employee resigns within ninety (90) working days.

In consideration of my employment with the Lafourche Parish Government, I agree to abide by all the Lafourche Parish Government's rules and regulations. I understand that nothing in this employment application creates a contract of employment between me and the Lafourche Parish Government. If I am hired by the Company, my employment and compensation are "at will," which means that my employment can be terminated, either by the Lafourche Parish Government or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an at-will agreement. Only the Appointing Authority of the Lafourche Parish Government has the authority to enter into an employment agreement for any specified period of time, with me.

I agree to release to the Lafourche Parish Government or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with the Lafourche Parish Government's business needs. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment. In the event of my personal indebtedness to the Lafourche Parish Government, I authorize the Lafourche Parish Government to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Lafourche Parish Government.

I give the Lafourche Parish Government my permission to conduct any investigation regarding the information contained in my employment application, which the Lafourche Parish Government thinks is necessary to determine my qualifications for assuming a job with the Lafourche Parish Government, I give the Lafourche Parish Government my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, health, credit, education, or employment record, and I give my consent to any such source to release to the Lafourche Parish Government whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

I further understand that the completion of this application does not assure me a position with the Lafourche Parish Government and does not obligate the Lafourche Parish Government to me in any way. I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal.

Signature:		Date:	
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**LAFOURCHE PARISH GOVERNMENT
BACKGROUND INVESTIGATION CONSENT**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Lafourche Parish Government and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish [Company Name] or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Please print legibly and please indicate all residence addresses for the past seven years. Use a separate sheet if more space is needed.

Last Name	First Name	Middle Name
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Maiden Name or Other Names Used

Current Address	City	State	Parish	Zip	How long?
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Former Address	City	State	Parish	Zip	How long?
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Former Address	City	State	Parish	Zip	How long?
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Former Address	City	State	Parish	Zip	How long?
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Former Address	City	State	Parish	Zip	How long?
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Former Address	City	State	Parish	Zip	How long?
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Signature of Applicant or Employee	Date
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Printed Name of Applicant or Employee