



CITY OF LOUISIANA

Employment Application

It is important that you complete ALL parts of the application. If your application is incomplete or does not clearly show the experience/training required, it may not be accepted. If you have no information to enter in a section, please write n/a.

PERSONAL INFORMATION							
Name (First, MI, Last)				E-mail			
Mailing Address							
City, State, and ZIP Code							
Phone Number				Alternate Phone Number			
JOB INFORMATION							
Are you responding to an online job posting?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth DOB			
If yes, please list name of the position.							
Availability							
<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	<input type="checkbox"/> No Preference
I am seeking work:		<input type="checkbox"/> Full-time		<input type="checkbox"/> Seasonal		<input type="checkbox"/> Part-time	
						<input type="checkbox"/> Full-time or Part-time	
How many hours can you work weekly?						Can you work nights?	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDITIONAL INFORMATION							
Have you ever been employed by this organization in the past?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain:							
Do you have a driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License #		Issuing State	

EDUCATION

School	Location	Years Completed	Major	Degree or Diploma
High School/Home School				
College and/or Business/Trade School				

If you have any other education or training, please explain:

MILITARY

Have you ever served in the military? Yes No

Date Entered _____ Discharge Date _____

Are you currently a member of the National Guard? Yes No

Specialty _____

WORK EXPERIENCE

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Job Title	Name of Last Supervisor
Company Location	Company Phone Number	Reason for Leaving
Start Date	End Date	

List the jobs you held, duties performed, skills used or learned, and advancements or promotions you received while you worked at this company.

May we contact the above employer? Yes No

Company		Job Title		Name of Last Supervisor	
Company Location		Company Phone Number		Reason for Leaving	
Start Date		End Date			

List the jobs you held, duties performed, skills used or learned, and advancements or promotions you received while you worked at this company.

May we contact the above employer? Yes No

Company		Job Title		Name of Last Supervisor	
Company Location		Company Phone Number		Reason for Leaving	
Start Date		End Date			

List the jobs you held, duties performed, skills used or learned, and advancements or promotions you received while you worked at this company.

May we contact the above employer? Yes No

REFERENCES

Please include only individuals familiar with your work and do not include relatives.

Name	Relationship	Phone Number	E-mail

DISCLAIMER

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated. Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered. Applicant further understands that this position requires a drug screening.

Signature	Date
-----------	------