

APPLICATION FOR EMPLOYMENT

Plaquemines Parish
Civil Service Department
Post Office Box 323
Port Sulphur, LA 70083

Position Applying For _____ Date _____

INSTRUCTIONS: Please print clearly. Failure to supply requested information may result in your application being rejected. Answer every question truthfully, completely, and accurately. This information is needed to determine your employment eligibility. Omitted, incomplete, false or misleading information may cause your application to be rejected.

Name _____
Last First Middle

Physical Address _____
Street City State Zip Code

Mailing Address _____
P. O. Box City State Zip Code

Check box if you are under 18 years of age. Social Security No. _____

Phone Number _____ In case of an emergency, notify _____
(First & Last Name)

Relationship of emergency contact: _____ Phone Number _____

Check Boxes below for locations and conditions of interest. You will only be considered for those checked.

West Bank East Bank North Parish South Parish Parish-Wide
 Regular Temporary Full-Time Part-Time Shift Work

Have you ever worked for Plaquemines Parish before? Yes No

If "Yes" give dates and department _____

Are any of your records under another name? If so, please provide that name. _____

Driver's License No. _____ Class _____ Exp. Date _____

Have you ever been convicted for any law violations other than traffic violations? Yes No If "Yes" please explain.

Are you a citizen of the United States? Yes No

If "No", do you have a valid work permit? Yes No

VETERAN'S PREFERENCE: (Check appropriate box below, if applicable)
 Veteran Spouse of Deceased or Disabled Veteran
 Disabled Veteran Parent of Deceased or Disabled Veteran

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT RECORD

Current or Last Employer First

Date		Name and Address of Employer	Job Title	Duties	Salary	Reason for Leaving
From	To					

EDUCATION

	Name and Location of School	Years Attended		Major Subject	Diploma or Degree	
		From	To		YES	NO
High School or General Equivalent Degree (GED)				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Under-Graduate School College or University						
Graduate School College or University						
Trade School or Business School					Cert., Dip., or License	

I have completed this application with the understanding that the information given is subject to verification by authorized agents of Plaquemines Parish. I authorize full investigation of statements made on this application and give my consent to the release of any information pertinent to this application. I understand that misrepresentation or omission of the facts called for hereon, receipt of unsatisfactory references or failure to pass a prescribed physical examination, including screening for controlled substances, shall be sufficient cause for rejection of this application or, if I shall have been employed, termination from employment.

I understand and agree that my employment shall be probationary for a period of one hundred eighty (180) days. In the event I am employed, I agree to accept the employment conditions now existing, or established in the future, including changes of responsibilities, work duties, department or divisions.

Signature _____

Date _____

NEPOTISM

Nepotism is commonly understood to mean preference of any sort given to relatives. To be in compliance with the State of Louisiana's Code of Governmental Ethics please list the members of your immediate family that are currently employed by Plaquemines Parish Government.

1. Children _____
2. Spouse of your children (Daughters-in-law & Sons-in-law) _____

3. Brothers and Sisters _____
4. Spouses of your Brothers & Sisters (Brothers-in-law & Sisters-in-law) _____

5. Parents _____
6. Spouse _____
7. Parents of your Spouse (Mother-in-law & Father-in-law) _____

SHERIFF=S REPORT

APPLICANT INFORMATION: (All information must be printed or typed except Signature.)

Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Have you ever been CONVICTED of any Parish, State, or Municipal violation? [] Yes [] No

Sex: [] Male [] Female

Office use only

Record () or No Record ()

Office Representative Signature _____

REQUEST FOR INFORMATION

From Previous Employer

I hereby authorize all past employers and educational institutions to release information about my work history and education to **Plaquemines Parish Government** for use in determining my qualifications

Date: _____ Applicant's Signature: _____

TO: _____

Dear Sir/ Madam:

The below named individual has made application to Plaquemines Parish Government for a position as _____ and states the he/she was employed by you as _____ from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely

Applicant: _____ Social Security No. _____

1. Employed from _____ to _____ as _____
at the wage or salary of _____.
2. Did he/she drive a motor vehicle for you? Yes No
If yes, what type of motor vehicle? _____
3. Reason for leaving your employ: Discharged Resigned Lay Off
 Military Duty
4. Was his/her general conduct satisfactory: Yes No
5. Would you re-employ applicant in a suitable vacancy? Yes No
6. Applicant's Attendance Record: Good Fair Poor

Signature: _____ Title: _____