

IBERIA PARISH GOVERNMENT

APPLICATION FOR EMPLOYMENT

(Please Print)

Position Applying For _____	Date _____
Name _____	Social Security No. _____
Address, City, State & Zip _____	
Home Phone () _____	Cell Phone () _____
Person to notify in case of accident or emergency _____	

Pursuant the Louisiana Ethics Code: Are you related to the Parish President, any Council Member, or any other person employed by Iberia Parish Government? Yes [] No []

List Relative and Relationship to you: _____

MILITARY SERVICE RECORD

Present Selective Service Classification _____

Did you serve in U.S. Armed Forces? Yes [] No [] Branch _____

Dates of Duty From: _____ To: _____ Rank Entered _____

Rank at Discharge _____

List duties performed, including specialized training _____

Have you ever been convicted of any traffic violations, including speeding violations? Yes [] No []

Give Details: _____

EDUCATION RECORD

	Name & Location	Date		Graduated		Degree Received or Course Studied
		From	To	Yes	No	
Elementary						
High School						
Technical College						
College						
Other						

Do you speak any foreign language fluently? Yes [] No [] Specify _____

Computer Skills: (Please Circle) Access Excel Lotus Power Point Word Word Perfect

Office machines you can operate skillfully: _____

EMPLOYMENT RECORD:

List below present and past employment beginning with most recent:

1 Name of Company
Address:
Position held: From: To:
Name of Supervisor:
Description of duties:
Reason Left:

2 Name of Company
Address:
Position held: From: To:
Name of Supervisor:
Description of duties:
Reason Left:

3 Name of Company
Address:
Position held: From: To:
Name of Supervisor:
Description of duties:
Reason Left:

You may contact my present employer Yes [] No []
 Date able to begin work, if accepted:

Have you ever been convicted of a crime other than violation of motor vehicle laws or ordinances?
 Give Details: Yes [] No []

PERSONAL REFERENCES (NO RELATIVES)

	<u>Name & Occupation</u>	<u>Address</u>	<u>Phone</u>
1			
2			
3			

I hereby certify that the answers given by me to the foregoing questions and statements made true and correct. It is understood and agreed that any misrepresentation made by me herein is cause for my dismissal.
 Date _____ Signature of Applicant _____

FOR OFFICE USE ONLY
 Interviewers Remarks: _____

Job Offered Yes [] No [] Job Assignment: _____
 Job Accepted Yes [] No [] Date Employment Begins: _____
 Starting Salary: \$ _____

Rejected: Yes [] No [] Reason Why? _____
 Keep in Active File: Yes [] No []
 Signature Of Interviewer _____ Date _____

IMPORTANT: READ CAREFULLY

Job Applicants Authorization To Release Information

I understand that the use of this form does not indicate that there are positions open and does not in any way obligate Iberia Parish Government.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or immediate dismissal. Routine inquiry may be made during our initial or subsequent processing, which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

If employed, I will comply with Iberia Parish Governments rules and regulations. No person other than the Parish President or his designee may modify or amend the provisions stated herein.

I understand that my employment may be conditioned upon a test for drugs and/or alcohol. By signing this application, I hereby agree to submit to such tests and release all persons and companies from any liability arising out of such tests.

I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former employer(s) and all others persons named herein who might have information concerning me to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record, and I hereby release them and each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

I certify that all statements made by me on the Application For Employment are true and complete.

I hereby acknowledge that I have read this form, or this form was read to me, and I understand the above statements.

Signature

Date

Print Name