



# Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources

Name \_\_\_\_\_ Applicant ID# \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone# \_\_\_\_\_ Cellular/Other Phone# \_\_\_\_\_ E-mail \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

Referral Source (Please check the appropriate category and list the source)

<input type="checkbox"/> Walk-in _____	<input type="checkbox"/> School _____
<input type="checkbox"/> Employee _____	<input type="checkbox"/> Job Fair _____
<input type="checkbox"/> Advertisement _____	<input type="checkbox"/> Staffing Agency _____
<input type="checkbox"/> Company's Website _____	<input type="checkbox"/> Gov. Employment Agency _____
<input type="checkbox"/> Other Internet _____	<input type="checkbox"/> Other _____

Social Security Number: \_\_\_\_\_ (We will use this for employment purposes only and make reasonable efforts to safeguard your privacy.)

If necessary, best time to call you is... \_\_\_\_\_AM/PM

- Home
- Other

May we contact you at work?

- Yes
- No

If yes, provide work number and best time to call:

\_\_\_\_\_AM/PM

Will you work overtime if required? If no, explain \_\_\_\_\_

- Yes
- No

Are you able to perform the "essential functions" of the position (with or without reasonable accommodation)?

- Yes
- No
- More Info.

This question is not designed to elicit information about an applicant's disability. Please do not provided information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

If under 18 and it is required, can you furnish a work permit? If no, explain.

Yes  No

Have you submitted an application here before?

Yes  No

If yes, provide date(s) and position(s):

\_\_\_\_\_

Have you ever been employed here before?

Yes  No

If yes, provide dates: From \_\_\_\_\_ To \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company? If yes, additional information may be required.

Yes  No

Are you eligible for employment in this country?

Yes  No

Date available for work \_\_\_\_\_

What is your desired salary range or hourly rate of pay?

\$ \_\_\_\_\_ Per \_\_\_\_\_

Type of employment desired?

Full Time   Part Time   Edu Co-op   Seasonal   Temporary

Will you relocate if required?

Yes  No

Will you travel if required?

Yes  No

Driver's license number required if driving may be required in the position applied for. DL# \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded?

Yes  No

Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness, nature, rehabilitation and position applied for will be taken into account. **You are not required to disclose sealed or expunged records of conviction or arrest.**

Have you ever plead "guilty" or "no contest" to or been convicted of a crime?

Yes  No

If yes please provide date(s) and detail(s)

\_\_\_\_\_

Have you ever been a defendant in a civil action for an intentional tort (e.g., a civil charge for assault, battery, false imprisonment, wrongful death, etc.)

Yes  No

If yes, please provide nature of the tort and disposition of the matter (how it was resolved)

\_\_\_\_\_

Have you ever entered into an agreement with any former employer of other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our company?

Yes  No

If yes, please explain \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certifications that may assist you in performing the position for which you are applying.

\_\_\_\_\_

**Computer Skills** (check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing/Years of Experience _____	<input type="checkbox"/> Internet/Years of Experience _____
<input type="checkbox"/> Spread Sheet/Years of Experience _____	<input type="checkbox"/> Other Programs/Years of Experience _____
<input type="checkbox"/> Presentation/Years of Experience _____	<input type="checkbox"/> Other/Years of Experience _____
<input type="checkbox"/> E-mail/Years of Experience _____	

**Employment History**

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Employed \_\_\_\_\_ Starting Position Title/Final Position Title \_\_\_\_\_  
Month/Year \_\_\_\_\_ to \_\_\_\_\_  
Month/Year \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_ May we contact for reference?  Yes  No

**Compensation (Starting)**  Hourly  Salary **Compensation (Final)**  Hourly  Salary  
\$ \_\_\_\_\_ per \_\_\_\_\_ \$ \_\_\_\_\_ per \_\_\_\_\_

**Commission/Bonus/Other Compensation** \_\_\_\_\_

Why did you leave? \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What did you like least about your position? \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Employed \_\_\_\_\_ Starting Position Title/Final Position Title \_\_\_\_\_  
Month/Year \_\_\_\_\_ to \_\_\_\_\_  
Month/Year \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_ May we contact for reference?  Yes  No

**Compensation (Starting)**

Hourly  Salary

\$ \_\_\_\_\_ per \_\_\_\_\_

**Compensation (Final)**

Hourly  Salary

\$ \_\_\_\_\_ per \_\_\_\_\_

**Commission/Bonus/Other Compensation** \_\_\_\_\_

Why did you leave? \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What did you like least about your position? \_\_\_\_\_

Employer _____	Telephone # _____
Street Address _____	City _____ State _____
Dates Employed _____ to _____ Month/Year                      Month/Year	Starting Position Title/Final Position Title _____
Immediate Supervisor and Title _____	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Compensation (Starting)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____	<b>Compensation (Final)</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____
<b>Commission/Bonus/Other Compensation</b> _____	
Why did you leave? _____	
What did you like most about your position? _____	
What did you like least about your position? _____	

Employer \_\_\_\_\_

Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
Month/Year                      Month/Year

Starting Position Title/Final Position Title \_\_\_\_\_

Immediate Supervisor and Title \_\_\_\_\_

May we contact for reference?  
 Yes  No

**Compensation (Starting)**

Hourly       Salary

\$ \_\_\_\_\_ per \_\_\_\_\_

**Compensation (Final)**

Hourly       Salary

\$ \_\_\_\_\_ per \_\_\_\_\_

**Commission/Bonus/Other Compensation** \_\_\_\_\_

Why did you leave? \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What did you like least about your position? \_\_\_\_\_

**Employment History (Continued)**

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

\_\_\_\_\_

If not addressed on previous pages, have you ever been fired or asked to resign form a job?       Yes       No

If yes, please explain: \_\_\_\_\_

Starting with your most recent school attended, provide the following information.

School (City and State)	Years Completed	Completed	GPA/ Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certificate _____		

## References

Name	Title	Relation to you	Telephone #	E-mail	# of years

List names and telephone numbers of three business work revered who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

## Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.:

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or previous job(s), have you ever written instructions or directions to be followed by employees or customers?

- Yes
  No
  Not Applicable

If yes, please explain. \_\_\_\_\_

Is there any other job-related information you want us to know about you?

\_\_\_\_\_

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 90 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance, I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



# Tangipahoa Parish Government

## Pre-Employment Drug And/Or Alcohol Testing Consent Form

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Employee/and or Job Applicant: **Please read this document carefully.** This is an authorization by you to submit to alcohol and/or drug testing.

I acknowledge, and where applicable, consent to the following.

I voluntarily consent to be tested for evidence of the presence of alcohol or drugs in my body through the analysis of my urine and other any other method in the manner specified in the Drug Free Workplace Policy. I also consent to undergo a physical if required.

I consent to the release of the results of this test for drugs and/or alcohol to Tangipahoa Parish Government by any physician, laboratory, hospital, or medical facility. Therefore, I release Tangipahoa Parish Government, any individual affiliated with Tangipahoa Parish Government, any institution and/or individual conducting the test, from any liability.

I understand that this information will not be released to anyone outside of Tangipahoa Parish Government and only those with a specific need to know will be provided this information.

I understand that only those job applicants who have been selected to fill job openings will be subject to drug testing.

I understand that employment is conditioned upon a negative drug test result. Applicants with positive drug test will not be considered for employment.

I understand that upon employment, if I am taking prescription medication that could affect my ability to perform my job (i.e. there are warning labels on the container), I must inform my Supervisor immediately.

I understand that upon employment, if I refuse a reasonable suspicion, post injury, post accident or post treatment drug or alcohol test, I will be terminated and my unemployment benefits and worker's compensation benefits may be denied.

I understand that I have the right to challenge any positive test result and that I must notify the laboratory that I am challenging the test result. An employee will not be allowed to submit another specimen for testing. Tangipahoa Parish Government does not pay the cost of challenging a positive test result.

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Applicant/Employee's Signature

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Date

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Applicant/Employee (Print Name)

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Witness (Print Name)