



LAFOURCHE PARISH GOVERNMENT

Civil Service Department

402 West 5th Street, Thibodaux, LA 70301

Mailing: P.O. Box 32, Thibodaux, LA 70302

Phone: (985) 446-8427 | Fax: (985) 446-8429

www.lafourchegov.org

CLASSIFIED APPLICATION FOR EMPLOYMENT

APPLICATION MUST BE FILLED OUT COMPLETELY, SIGNED, AND DATED IN ORDER TO BE CONSIDERED. "SEE RESUME" WILL NOT BE ACCEPTED. (PLEASE PRINT OR TYPE)

Position(s) Applying For _____

First Name

Middle Name

Last Name

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Cell Phone Number _____

Email Address _____

EMPLOYMENT SOUGHT

☐ Permanent

☐ Full-time

☐ Part-time

☐ Temporary

☐ Summer/Seasonal

☐ Shift Work

Do you currently have a valid Driver's License? ☐ Yes ☐ No

Do you currently have a valid Louisiana Driver's License? ☐ Yes ☐ No

If no, please explain: _____

Driver's License Number _____

Date Issued _____ Expiration Date _____

Do you currently have a Commercial Driver's License (CDL)? ☐ Yes ☐ No

If yes, what class: _____

An applicant is a person who is 18 years of age or older, do you meet this requirement?
☐ Yes ☐ No

Are you legally permitted to work in the United States? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Were you ever fired or asked to resign from any job? ☐ Yes ☐ No

If yes, please explain _____

Have you ever filed an application with us before? ☐ Yes ☐ No

If yes, give date(s) _____

Have you ever been employed with us before? ☐ Yes ☐ No

If yes, give date(s) and reason for leaving _____

On what date would you be available to begin work? _____

Do you currently hold or are you a candidate for any elective office? ☐ Yes ☐ No

If yes, please explain _____

Do you currently have any relatives employed by Lafourche Parish Government?
☐ Yes ☐ No

If yes give name(s) and relationship(s) _____

Do you currently have any relatives that hold an elected position for Lafourche Parish Government? ☐ Yes ☐ No

If yes give name(s) and relationship(s) _____

EDUCATION AND TRAINING

HIGH SCHOOL

School Name _____ School Location _____

Received Diploma ☐ Yes ☐ No

If no, do you have a GED? ☐ Yes ☐ No

UNDERGRADUATE

School Name _____ School Location _____

Diploma/Degree Received ☐ Yes ☐ No

Type of Degree _____

Describe Course of Study _____

GRADUATE

School Name _____ School Location _____

Diploma/Degree Received ☐ Yes ☐ No

Type of Degree _____

Describe Course of Study _____

OTHER (please specify)

School Name _____ School Location _____

Diploma/Degree Received ☐ Yes ☐ No

Type of Degree _____

Describe Course of Study _____

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

Describe any honors and/or certificates you have received _____

EMPLOYMENT HISTORY

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. BEGIN WITH YOUR PRESENT OR LAST JOB. ATTACHING A RESUME OR PREPRINTED JOB SPECIFICATIONS ARE NOT ACCEPTED IN PLACE OF INFORMATION REQUESTED. FAILURE TO PROVIDE COMPLETE AND DETAILED INFORMATION REGARDING EACH JOB FIELD MAY RESULT IN YOUR DISQUALIFICATION. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH EXTRA SHEETS.

Employer _____

Address _____

Telephone Number _____ Job Title _____

Supervisor's Name _____ Title _____

Dates Employed From _____ To _____

Work Performed _____

Reason for Leaving _____

Employer _____

Address _____

Telephone Number _____ Job Title _____

Supervisor's Name _____ Title _____

Dates Employed From _____ To _____

Work Performed _____

Reason for Leaving _____

Employer _____

Address _____

Telephone Number _____ Job Title _____

Supervisor's Name _____ Title _____

Dates Employed From _____ To _____

Work Performed _____

Reason for Leaving _____

Employer _____

Address _____

Telephone Number _____ Job Title _____

Supervisor's Name _____ Title _____

Dates Employed From _____ To _____

Work Performed _____

Reason for Leaving _____

Summarize special job-related skills and qualifications acquired from employment or other experience.

ADDITIONAL INFORMATION

Please check all that apply.

Office Skills

- | | | |
|--|--|--|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Power Point |
| <input type="checkbox"/> Copy Machine | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Multi-line Telephone |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Fax Machine | <input type="checkbox"/> Microsoft Publisher | <input type="checkbox"/> Adobe |
| <input type="checkbox"/> Postage Machine | <input type="checkbox"/> Microsoft Access | |

Equipment Skills

- | | | |
|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Excavator | <input type="checkbox"/> Culvert Cleaner | <input type="checkbox"/> Bulldozer |
| <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Road Grader | <input type="checkbox"/> Dragline |
| <input type="checkbox"/> Tractor | <input type="checkbox"/> Backhoe | <input type="checkbox"/> Forklift |

Please list any others _____

State any additional information you feel may be helpful to us in considering your application

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 _____ Phone Number _____

Address _____

Name _____ Phone Number _____

Address _____

Name _____ Phone Number _____

Address _____

WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY LEGALLY PROTECTED STATUS. YOU ARE NOT REQUIRED TO DISCLOSE INFORMATION ABOUT PHYSICAL OR MENTAL LIMITATIONS THAT YOU BELIEVE WILL NOT INTERFERE WITH YOUR CAPABILITY TO DO THE JOB. IF YOU WANT LAFOURCHE PARISH TO CONSIDER SPECIAL ARRANGEMENTS TO ACCOMMODATE A PHYSICAL OR MENTAL IMPAIRMENT IN EITHER THE APPLICATION/TESTING PROCESS OR THE JOB FOR WHICH YOU ARE APPLYING, YOU MAY IDENTIFY THAT IMPAIRMENT AND SUGGEST THE KIND OF ACCOMMODATION THAT YOU BELIEVE WOULD BE APPROPRIATE.

Please list any special accommodations you may need for testing purposes.

APPLICANT'S STATEMENT

AS CERTIFIED ON THE EMPLOYMENT APPLICATION, I DECLARE THAT MY ANSWERS TO THE QUESTIONS ARE TRUE AND GIVE LAFOURCHE PARISH GOVERNMENT THE RIGHT TO INVESTIGATE ALL INFORMATION GIVEN AND TO SECURE ADDITIONAL APPROPRIATE INFORMATION IF NECESSARY.

I UNDERSTAND THAT AN INVESTIGATIVE REPORT MAY BE MADE FROM INFORMATION OBTAINED GIVEN THROUGH PERSONAL INTERVIEWS WITH OTHERS. I UNDERSTAND THAT THIS INQUIRY MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND APPROPRIATENESS FOR EMPLOYMENT.

IN ACCORDANCE WITH THE LAW AND MY UNDERSTANDING OF THIS STATEMENT, I AUTHORIZE MY CURRENT AND FORMER EMPLOYERS TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT, TOGETHER WITH ALL INFORMATION REGARDING ME, AND HEREBY RELEASE FROM ALL LIABILITY OR RESPONSIBILITY ALL PERSONS, COMPANIES, OR CORPORATIONS FURNISHING SUCH INFORMATION IN GOOD FAITH. I ALSO AUTHORIZE THE RELEASE OF MY SCHOLASTIC RATINGS TO LAFOURCHE PARISH BY SCHOOLS AND OTHER EDUCATIONAL INSTITUTIONS THAT I HAVE ATTENDED.

I FURTHER UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION DOES NOT ASSURE ME OF 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.

I FULLY UNDERSTAND THAT AS A PART OF THE EMPLOYMENT PROCESS, I WILL BE REQUIRED TO VOLUNTARILY SUBMIT TO A DRUG SCREEN TEST AND/OR PHYSICAL EXAMINATION REQUIRED BY THE LAFOURCHE PARISH GOVERNMENT. 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 COSTS OF THE PREEMPLOYMENT MEDICAL EXAMINATION, DRUG TEST, OR BOTH IF THE EMPLOYEE RESIGNS WITHIN NINETY (90) WORKING DAYS.

I HEREBY AUTHORIZE THE LAFOURCHE PARISH GOVERNMENT AND/OR ITS AGENTS TO MAKE AN INDEPENDENT INVESTIGATION OF MY BACKGROUND, REFERENCES, CHARACTER, PAST EMPLOYMENT, EDUCATION, CREDIT HISTORY, CRIMINAL OR POLICE RECORDS, INCLUDING THOSE MAINTAINED BY BOTH PUBLIC AND PRIVATE ORGANIZATIONS AND ALL PUBLIC RECORDS FOR THE PURPOSE OF CONFIRMING THE INFORMATION CONTAINED ON MY APPLICATION AND/OR OBTAINING OTHER INFORMATION WHICH MAY BE MATERIAL TO MY QUALIFICATIONS FOR EMPLOYMENT.

_____ Signature of Applicant	_____ Date
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**LAFOURCHE PARISH GOVERNMENT
BACKGROUND INVESTIGATION CONSENT**

I, _____, hereby authorize Lafourche Parish Government and/or its agent to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment.

I understand that, as a condition of my consideration for employment with Lafourche Parish Government, or as a condition of my continued employment, Lafourche Parish Government may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

**Please print legibly and please indicate all residence addresses for the past
seven (7) years. Use a separate sheet if more space is needed.**

First Name Middle Name Last Name

Maiden Name or Other Names Used

Current Address	City	State	Parish	Zip	How long?
Former Address	City	State	Parish	Zip	How long?
Former Address	City	State	Parish	Zip	How long?
Former Address	City	State	Parish	Zip	How long?
Former Address	City	State	Parish	Zip	How long?
Former Address	City	State	Parish	Zip	How long?
Former Address	City	State	Parish	Zip	How long?

Signature of Applicant

Date

Printed Name of Applicant