

MAYOR
 JAN-SCOTT RICHARD
CITY MANAGER
 BRENDA T. DUGAS
CITY CLERK
 SHELLEY M. GAUTREAU



COUNCIL
 TROY BERGERON
At Large—Mayor Pro-Tem
 DOYLE J. BOUDREAU
 TERRY MONToucET
 DANNY T. HOLLIER
 KENNY J. SUIRE

APPLICATION FOR EMPLOYMENT

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Part Time _____ Full Time: _____
 Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Salary:\$ _____ : _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Salary:\$ _____ : _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Salary:\$ _____ : _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Salary:\$ _____ : _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____

Certification, Acknowledgement of Conditions for Employment and Authority to Release Information

The City of Scott hires, trains and promotes all persons without regard to race, color, sex, religion, national origin, marital status and family status, political beliefs, and physical and mental disability, accept in those cases where physical and mental abilities are a bona fide occupational qualification, and accommodation would constitute an undue hardship to the City of Scott. It is further the Policy of the City of Scott to base all decisions on employment to further equal employment opportunity.

I am applying to the Mayor of Scott and the City of Scott for employment. To determine my eligibility for employment, I authorize and request that solicited entities or individuals furnish the City of Scott any and all information, whether written or non-written, including opinions, that these entities or individuals may have or acquire concerning information given on this application form, as well as information regarding my character, reputation and suitability for employment.

I hereby release, hold harmless, and indemnify from any and all liability the Mayor of Scott and the City of Scott, employees of the City of Scott, and the individuals, agencies, and/or entities who receive and supply information as noted above.

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that information on this application will be subject to investigation and verification, and that any misrepresentation or material omission may cause my application to be delayed, rejected, disqualified, and/or subject me to dismissal from the City of Scott.

I acknowledge that I will be required to submit to, and successfully complete a drug test, criminal records check and a physical examination to determine if I can perform the essential functions of the position for which I am applying with or without accommodations. I further understand that my failure to comply with the prerequisites of employment, after the conditional offer of employment is accepted by me, will be treated as a rejection of employment.

I understand that employment with the City of Scott is strictly at will employment, and that I have the right to terminate my employment at any time, with or without cause.

A photostatic copy of my signature shall be accepted as an original authorizing any person, firm, or organization to release my information to the City of Scott regarding the verification of information provided herein.

Signature of Applicant

Date

Printed Full Name (First, Middle, Last)

Received by: _____ Date: _____
