



Circle last year completed High School    9   10   11   12 _____ College        1   2   3   4    _____ Other training/Education _____	Name of School _____ _____ _____	Course of Study _____ _____ _____	Year Completed (ex. 1990) _____ _____ _____
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**(List below present and past employment, beginning with your most recent)**

1 Name & Address of Company and Type of Business	From		To		Hourly Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr			
Describe the type of work you did:							
Telephone Number:							
2 Name & Address of Company and Type of Business	From		To		Hourly Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr			
Describe the type of work you did:							
Telephone Number:							
3 Name & Address of Company and Type of Business	From		To		Hourly Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr			
Describe the type of work you did:							
Telephone Number:							
4 Name & Address of Company and Type of Business	From		To		Hourly Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr			
Describe the type of work you did:							
Telephone Number:							

Have you ever been discharged from a job or forced or asked to resign?     Yes     No

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s).    1    2    3    4

**Additional information you wish to tell us about yourself:**

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## Authorization and Agreement

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, department of motor vehicle records, school record offices and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. You may be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualification will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted.

I understand that the Parish requires applicants for employment to take a urinalysis or blood test for drug and alcohol screening as part of a pre-employment screening, and that any offer of employment is conditioned upon results of my test being satisfactory (Negative). I also understand that if I am employed I will be subject to random and post on-the-job accident drug screenings. I hereby authorize the release of the results of any physical examinations or drug tests required to St. James Parish Government.

I certify the information provided on this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand and agree that if St. James Parish Government offers employment, it will be for no definite term and may be terminated at any time, with or without cause and prior notice. I also understand that this status can only be altered by a written contract of employment, which is specific as to all material terms and is signed by the Parish President and me.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.**

*Applications not signed will not be accepted.*

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Signature of Applicant

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Date

Please complete Reference Section on back.

## REFERENCES

Please provide three *professional* references who can verify your work ethics.

1. \_\_\_\_\_  
Name

\_\_\_\_\_

Title

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip Code

2. \_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip Code

3. \_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Address

\_\_\_\_\_

City State Zip Code