



**CITY OF ZACHARY
APPLICATION FOR EMPLOYMENT
(PLEASE PRINT CLEARLY)**

**Department of Human Resources
P.O. Box 310
4700 Main Street
Zachary, LA 70791**

The City of Zachary is an Equal Opportunity Employer. All applications for employment are considered without regard to an individual's race, religion, national origin, sex, age, veteran status, or physical or mental disability. No question on this application is intended to secure information to be used for such discrimination.

PERSONAL

Name: _____ SS# _____
(Last) (First) (Middle)

Current Address: _____
(Street Address) (City) (State) (Zip)

Home Phone #: (_____) _____ Alternate Phone #: (_____) _____

Driver's License #: _____ State: _____ Expiration Date: _____
 Operators (Private Vehicle) Commercial Drivers License (attach a copy)
License Class: _____ Endorsement: _____

Military Branch of Service: _____ Date Entered: _____ Date Discharged: _____
Final Rank: _____ Type of Discharge: _____

Are you over 18 years of age? Yes No

Are you legally able to work in the United States? Yes No
For non-citizens, a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service must be submitted prior to hire.

Do you now hold or are you a candidate for an elective public office? Yes No

Have you ever been employed with the City of Zachary? Yes No
If yes, when? _____

Are you related to any current employee of the City of Zachary? Yes No
If yes, who and how related? _____

Have you ever been involuntarily discharged from a job? Yes No
If yes, explain and give employer and dates: _____

Have you ever been convicted of a felony? Yes No
If yes, when and on what charges were you convicted? _____

EMPLOYMENT DESIRED

Position Applied For: _____

Salary Requested: _____

Desired Status: Full-Time Part-Time Temporary

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE DIPLOMA RECEIVED
HIGH SCHOOL			
COLLEGE			
TECHNICAL SCHOOL			
GRADUATE SCHOOL			
OTHER			

CREDENTIALS/ PROFESSIONAL AFFILIATIONS

Please list any Professional Registration/ Certification/ License that you hold:

OTHER SKILLS

Please identify skills you believe you have that are relative to the job that you are applying for:

Indicate any honors, professional societies, and related professional activities that you feel might be helpful in considering your application:

OFFICE SKILLS

Typing: _____ wpm

Check the boxes next to any skills that you possess:

Microsoft Word
 10-Key
 Accounting
 Filing
 Cash Handling
 Excel
 Data Entry

List any computer software or office equipment you can use beyond those indicated above:

REFERENCES:

Give name(s) of persons (other than relatives) we may contact to verify your qualifications for the position.

Name: _____ Address: _____ _____	Occupation: Phone #:
Name: _____ Address: _____ _____	Occupation: Phone #:
Name: _____ Address: _____ _____	Occupation: Phone #:

**APPLICANT AGREEMENT
PLEASE READ CAREFULLY**

I certify that the answers given by me to the foregoing statements are true and correct without omissions of any kind whatsoever.

I give the City of Zachary 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 through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credentials verification, personal identity verifications, past employment verification, reference checks, criminal records, motor vehicle records, 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 understand that the completion of this application does not assure me of a position with the City of Zachary and does not obligate the City of Zachary to me in any way. I further understand that any misrepresentation herein may cause my application to be rejected and/or subject me to dismissal. I also understand that a discharge from employment for filing a fraudulent employment application will jeopardize my right to receive unemployment insurance benefits which are based on my previous employment. The giving of false information on the application or in any part of the employment process may result in the forfeiture of workers' compensation rights.

I fully understand as a part of the employment process, I will be required to voluntarily submit to a physical examination and drug screen test required by the City of Zachary. I am aware that the results will be made available to the Human Resources Director or her duly authorized representative. The City of Zachary is committed to a drug free workplace to protect the safety of workers and the public.

I understand that employment offers are conditional on the results of a medical examination and criminal background check. In addition, if accepted for employment, I hereby agree to abide by the rules, procedures, and policies of the City of Zachary.

A report including information concerning my criminal or police records, and/or motor vehicle record may be obtained for employment purposes at any time.

By completing and signing this form you are authorizing the City of Zachary to access and review any active or inactive criminal records and to contact the educational institution previously attended to verify education. I have read the above disclosure and hereby authorize the City of Zachary to obtain a report as above described.

The application form and its contents are the official property of the City of Zachary and will not be returned, reused, or copied for you after being submitted.

_____ Signature

_____ Date

For office use only:

HR Approval:	MCS Board Approval:
--------------	---------------------

EMPLOYMENT HISTORY

Please list all part-time and full-time positions, giving present or last position first. Use additional pages if necessary. Résumés are not accepted in place of information requested on this form; however, you may attach a résumé.

MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No				
STARTING DATE	ENDING DATE	NAME, ADDRESS, CITY, STATE, ZIP CODE OF EMPLOYER		
<input type="checkbox"/> PAID WORKER SALARY _____ <input type="checkbox"/> VOLUNTEER		HOURS PER WEEK	NAME, TITLE OF SUPERVISOR	TELEPHONE #
REASON FOR LEAVING		NUMBER/ JOB TITLE OF EMPLOYEES YOU SUPERVISED		
TITLE OF POSITION HELD				
DETAILED DESCRIPTION OF DUTIES AND RESPONSIBILITIES				

MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No				
STARTING DATE	ENDING DATE	NAME, ADDRESS, CITY, STATE, ZIP CODE OF EMPLOYER		
<input type="checkbox"/> PAID WORKER SALARY _____ <input type="checkbox"/> VOLUNTEER		HOURS PER WEEK	NAME, TITLE OF SUPERVISOR	TELEPHONE #
REASON FOR LEAVING		NUMBER/ JOB TITLE OF EMPLOYEES YOU SUPERVISED		
TITLE OF POSITION HELD				
DETAILED DESCRIPTION OF DUTIES AND RESPONSIBILITIES				

MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No				
STARTING DATE	ENDING DATE	NAME, ADDRESS, CITY, STATE, ZIP CODE OF EMPLOYER		
<input type="checkbox"/> PAID WORKER SALARY _____ <input type="checkbox"/> VOLUNTEER		HOURS PER WEEK	NAME, TITLE OF SUPERVISOR	TELEPHONE #
REASON FOR LEAVING		NUMBER/ JOB TITLE OF EMPLOYEES YOU SUPERVISED		
TITLE OF POSITION HELD				
DETAILED DESCRIPTION OF DUTIES AND RESPONSIBILITIES				