

# Application for Employment



**City of Westlake**  
1001 Mulberry Street ~ PO Box 700  
Westlake, LA 70669  
Phone (337) 433-069  
Fax (337) 433-9350  
Telecom Device for  
the Deaf (337) 494-1247  
**"One City One TEAM"**

**Instructions:** It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

Name \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Cellular/Other Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Position applied for \_\_\_\_\_

Shift preferred: 1  2  3  Any  Not Applicable

Expected salary range or hourly rate of pay \_\_\_\_\_

Type of work desired Full-time  Part-time  Seasonal  Temporary

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

How were you referred to this company? \_\_\_\_\_

Have you ever been employed here before? Yes  No  If yes, give dates \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company? Yes  No

If Yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required? Yes  No

Are you legally eligible for employment in the USA? Yes  No

If Yes, proof is required if hired.

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide 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.

Yes  No  Need more information about the job's "essential functions" to respond

Will you relocate if required? Yes  No

Will you travel if required? Yes  No

Will you work overtime if required? Yes  No

If driving may be required in the job for which you are applying, please provide your driver's license number.

DL # \_\_\_\_\_ State \_\_\_\_\_

Have you ever been bonded? Yes  No

Date of Application \_\_\_\_\_

## For Office Use Only

Applicant # \_\_\_\_\_

Employee # \_\_\_\_\_

Hire Date \_\_\_\_\_

Position \_\_\_\_\_

Rate \_\_\_\_\_

Class \_\_\_\_\_

Skill \_\_\_\_\_

Other \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Attachments

Resumé

Applicant Reference Notes

Applicant Interview Notes

Test Results

# Employment Experience

Place an  by the employer(s) you **do not** want us to contact. List your most recent employer first.

1. Employer \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: starting \_\_\_\_\_ final \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_



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

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

## Educational Background

### High School:

Name of school \_\_\_\_\_ Location \_\_\_\_\_  
Course of study \_\_\_\_\_ Did you graduate? Yes  No  Degree or diploma \_\_\_\_\_ Years completed \_\_\_\_\_

### College:

Name of school \_\_\_\_\_ Location \_\_\_\_\_  
Course of study \_\_\_\_\_ Did you graduate? Yes  No  Degree or diploma \_\_\_\_\_ Years completed \_\_\_\_\_

### Graduate School:

Name of school \_\_\_\_\_ Location \_\_\_\_\_  
Course of study \_\_\_\_\_ Did you graduate? Yes  No  Degree or diploma \_\_\_\_\_ Years completed \_\_\_\_\_

### Vocational Training — Other:

Name of school \_\_\_\_\_ Location \_\_\_\_\_  
Course of study \_\_\_\_\_ Did you graduate? Yes  No  Degree or diploma \_\_\_\_\_ Years completed \_\_\_\_\_

### Continuing Education:

## Skills and Qualifications

List any special training, skills, licenses and/or certificates 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.)

Word Processing \_\_\_\_\_ Years: \_\_\_\_\_  Internet \_\_\_\_\_ Years: \_\_\_\_\_  
 Spreadsheet \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_  
 Presentation \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_  
 E-mail \_\_\_\_\_ Years: \_\_\_\_\_  Other \_\_\_\_\_ Years: \_\_\_\_\_

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

## References

List names and telephone numbers of three business/work references 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.

Name	Title	Relationship to You	Telephone	E-mail	Years Known

# Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

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 application remains active 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.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment, either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This Application for Employment has been prepared for general use throughout the United States. Neither HRdirect nor its counsel or advisers assumes any responsibility for the inclusion in the Application for Employment of any questions that may violate local, state, or federal laws. Users should consult their legal counsel about any questions they may have concerning this form or its use.

## APPLICANT: Do not write in this space. (For office use only.)

### Interviews

Date	Interviewer(s)

### Test Results

Tests Administered	Date	Score	Rating

### Reference Checks

Date Contacted	Reference Name	Contacted By