



Return completed application to Human Resources by:
 Mail: P.O. Box 777, Plaquemine, La 70765
 In Person: 23640 Railroad Ave, First Floor-HR, Plaquemine, La 70764
 Confidential Fax: (225) 685-0140 Email: cityofplq@plaquemine.org

MUST HAVE A VALID DRIVER'S LICENSE TO APPLY

Employment Application

REC'D: _____ Initials: _____

The City of Plaquemine provides equal employment opportunities to all employees and applicants for employment without regard to race, ancestry, national origin, gender, sexual orientation, marital status, religion, age, disability, gender identity, results of genetic testing, service in the military or any other basis prohibited by law.

Application Information

Full name: _____ DATE: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone Number: (____) _____ E-mail Address: _____

Desired Salary: \$ _____

Position Applied for: _____

*If no, are you authorized to work in the US? Proof of
 Citizenship or immigration status will be required upon employment.*

Are you a citizen of the U.S.? YES NO YES NO

Previous employee of the city? YES NO If YES, when? _____

Have you ever been convicted of a felony within the last seven years? YES NO

(Conviction will not necessarily disqualify applicant from employment.)

If yes, explain: _____

Can you provide required proof of your eligibility to work if you are under the age of 18? YES NO

Are you currently on a "lay off" status and subject to recall? YES NO

Are you currently employed? YES NO Can you travel, if the job requires it? YES NO

On what date would you be available for work? _____

Are you available to work: Full-time Part-time Shift Work Temporary

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: _____

A written resume may be attached with your job application regarding your past employment.

References

Please list three (3) references- not related to you nor you previous employers.

Full Name: _____ Relationship: _____

Company: _____ Phone: (_____)

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (_____)

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (_____)

Address: _____

Previous Employment

Please start with your present or last employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap, or other protected status.

Check here if you have no prior employment.

Company: _____ Phone: (_____)

Address: _____ Supervisor: _____

Job Title: _____ Starting Hourly Rate/Salary: \$ _____ Ending Hourly Rate/Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: (_____)

Address: _____ Supervisor: _____

Job Title: _____ Starting Hourly Rate/Salary: \$ _____ Ending Hourly Rate/Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: (_____)

Address: _____ Supervisor: _____

Job Title: _____ Starting Hourly Rate/Salary: \$ _____ Ending Hourly Rate/Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

CITY OF PLAQUEMINE EMPLOYMENT APPLICATION

Employee Skills

List machines you can operate (business office or shop): _____

Did you attend a training on these machines? YES NO

If yes, please explain: _____

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience(s): _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Please describe any job-related training in the United States Military: _____

Fire & Police Civil Service

Do you have a passing civil service test score? YES NO If yes: _____ %

If yes, what is the expiration date of your score? _____

Which civil service test is your current score good for? Firefighter Police Officer Police Dispatcher

Other Information

Government Agencies at time require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Check one: Male Female Age: _____ Birth date: ____/____/____

Please check one of the following: White Hispanic American Indian/Alaskan Native

Black Other Asian/Pacific Islander

Please check if any of the following are applicable: Vietnam Era Veteran Disabled Veteran

Handicapped Individual

CITY OF PLAQUEMINE EMPLOYMENT APPLICATION

Disclaimer and Signature

Applicant's Statement

The City of Plaquemine (the "City") is an equal opportunity employer. In accordance with federal, state, and local law,

the City recruits, hires, promotes and evaluates all personnel without regard to race, religion, sex, marital status, age, national origin, veteran status and disability. The City shall not disqualify disabled applicants or employees because of their inability to perform marginal or nonessential job functions. The city commits itself to make reasonable accommodation to help disabled applicants or employees meet legitimate criteria. Job applicants and present employees are evaluated solely on ability, experience and requirements of the job.

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; on the other hand, if you want the employer to consider special arrangements to accommodate a physical or mental impairment, you may identify that impairment in the space provided and suggest the kind of accommodation that you believe would be appropriate.

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed two (2) years. Any applicant wishing to be considered for employment beyond this time period should re-apply.

I hereby acknowledge that any employment relationship with the City is of an "at will" nature, except as otherwise provided by law, which means that the Employee may resign at any time and the City may discharge employee at any time with or without cause. It is further understood this "at will" employment relationship should not be changed by any written document or conduct unless such change is specifically acknowledged in writing by an authorized representative of the City.

I declare and affirm under penalty of perjury that I am eligible to be employed in the United States. I understand that as a condition of employment, applicant will be tested for drug/alcohol use in accordance with the City of Plaquemine Drug and Alcohol Policy. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer, the City of Plaquemine.

Signature: _____ Date: _____

CITY OF PLAQUEMINE EMPLOYMENT APPLICATION

FOR CITY PERSONNEL DEPARTMENT ONLY

Passed Drug Test: YES NO

Arrange Interview: YES NO Interviewer:

Date of Interview:

Remarks:

Employed: YES NO Employment Start Date:

Job Title:

Department:

Hourly Rate/Salary: \$

Department Head Name and Title:

Signature of Department Head

Date: