

# EMPLOYMENT APPLICATION



## INSTRUCTIONS

**PLEASE PRINT OR TYPE** The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance.

### APPLICANT INFORMATION

Last Name			First			M.I.		
Street Address						Apt. #		
City			State			ZIP		
Home Phone:				Cell Phone:				
Email			Start Date:			Social Security #:		
Position Applied for								
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If No, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for the City of Ville Platte	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, when?					
Did you serve in the U.S. Armed Forces?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, what branch?					
Did you receive an honorable discharge? If no, explain: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you claim veteran's preference?					

### EDUCATION

Do you have a High School Diploma? YES  NO  If No, do you have a GED? YES  NO  Date obtained: \_\_\_\_\_  
 If not, highest grade completed: \_\_\_\_\_ Name and location of last High School attended: \_\_\_\_\_

**Please list your education beginning with your highest degree earned:**

Name of School / Institution Attended	City, State	Date (From / To)	Degree Earned	Major

Special Skills and Training \_\_\_\_\_

Are you a licensed or certified member of a profession or trade? YES  NO  If Yes, type of license or certificate: \_\_\_\_\_  
 License or Certification number \_\_\_\_\_  
 State \_\_\_\_\_ Year \_\_\_\_\_

Print Name: _____					Date: _____						
<b>WORK HISTORY</b>											
<b>CURRENT OR LAST EMPLOYMENT:</b> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> If part-time, number of hours worked per week: _____											
Company:					Phone: (     )						
Address:					City, State, Zip:						
Job Title:				Starting Salary		\$		Ending Salary		\$	
Responsibilities:											
From		To		Reason for Leaving:							
Supervisor:						May we contact your employer? YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>PRIOR EMPLOYMENT:</b> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> If part-time, number of hours worked per week: _____											
Company:					Phone: (     )						
Address:					City, State, Zip:						
Job Title:				Starting Salary		\$		Ending Salary		\$	
Responsibilities:											
From		To		Reason for Leaving:							
Supervisor:						May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>PRIOR EMPLOYMENT:</b> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> If part-time, number of hours worked per week: _____											
Company:					Phone: (     )						
Address:					City, State, Zip:						
Job Title:				Starting Salary		\$		Ending Salary		\$	
Responsibilities:											
From		To		Reason for Leaving:							
Supervisor:						May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**DRIVER'S LICENSE INFORMATION**

Do you have a valid driver's license? ? YES  NO  If yes, answer the following:

Driver License Number: \_\_\_\_\_

Have your license ever been suspended? YES  NO

Have your license ever been revoked? YES  NO

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If Yes to either or both of the above, please explain and provide dates: \_\_\_\_\_

Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**Please list all traffic citations received within the last seven (7) years: (speeding, driving under the influence, etc.)**

Date of citation: \_\_\_\_\_

Date of citation: \_\_\_\_\_

Law enforcement agency that issued citation: \_\_\_\_\_

Law enforcement agency that issued citation: \_\_\_\_\_

Offense/Charge: \_\_\_\_\_

Offense/Charge: \_\_\_\_\_

Points: \_\_\_\_\_

Points: \_\_\_\_\_

Outcome: \_\_\_\_\_

Outcome: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Are you eighteen (18) years or older? YES  NO

Will you work holidays? YES  NO

Will you work weekends? YES  NO

Will you work night shifts? YES  NO

Are you related to anyone currently working for the City of Ville Platte? YES  NO

If yes, answer the following:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Department: \_\_\_\_\_

Have you ever been fired, forced to resign, or resigned in lieu of termination? YES  NO  If yes, please explain:

Employer's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of the law? YES  NO

If yes, please answer the following:

Felony  Misdemeanor  Date: \_\_\_\_\_

Offense/Charge: \_\_\_\_\_

Outcome: \_\_\_\_\_

*\* A conviction does not automatically mean you cannot be employed by the City of Ville Platte. The nature of the offense, when occurred, etc., are given consideration.*



**PRINT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NOTICE TO APPLICANT  
INTENT TO OBTAIN A CONSUMER REPORT**

In connection with your application for employment, we would like to procure certain background information concerning you, which is contained in a consumer report. A consumer report may contain information regarding your driving record and/or criminal background.

Before we procure a consumer report, you must authorize the City of Ville Platte to obtain the consumer report. You have the right to decline authorization for us to procure a consumer report. However, if you decline, we will not consider you further for employment. Below is a release to procure a consumer report allowing the City of Ville Platte to obtain a consumer report. Please read the release carefully and indicate your choice regarding disclosure.

**RELEASE TO PROCURE A CONSUMER REPORT**

I have read the "Notice to Applicant of Intent to Obtain a Consumer Report."

I understand that I have the right to decline authorization for the City of Ville Platte to procure a consumer report concerning me.

Understanding these rights

\_\_\_\_\_ I authorize the City of Ville Platte to procure a consumer report concerning me.

\_\_\_\_\_ I do not authorize the City of Ville Platte to procure a consumer report concerning me.

Name (Please Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

***THANK YOU FOR YOUR INTEREST IN WORKING FOR THE CITY OF VILLE PLATTE***

***THE CITY OF VILLE PLATTE IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER***

**Your application for employment with the City of Ville Platte will be active for 90 calendar days. After 90 calendar days, you must reapply for available positions.**