



CITY OF BOGALUSA

APPLICATION FOR EMPLOYMENT (PLEASE PRINT CLEARLY)

Department of Human Resources

202 Arkansas Ave

Bogalusa, LA 70427

The City of Bogalusa 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 Driver's License (attach a copy) License Class:
_____ Endorsement: _____

Military Branch of Service: _____

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 Bogalusa? ☐ Yes ☐ No
If yes, when? _____

Are you related to any current employee of the City of Bogalusa? ☐ 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

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:

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_____		HOURS PER WEEK	NAME, TITLE OF SUPERVISOR TELEPHONE #
<input type="checkbox"/> VOLUNTEER			
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_____		HOURS PER WEEK	NAME, TITLE OF SUPERVISOR TELEPHONE #
<input type="checkbox"/> VOLUNTEER			
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_____		HOURS PER WEEK	NAME, TITLE OF SUPERVISOR TELEPHONE #
<input type="checkbox"/> VOLUNTEER			
REASON FOR LEAVING		NUMBER/ JOB TITLE OF EMPLOYEES YOU SUPERVISED	
TITLE OF POSITION HELD			
DETAILED DESCRIPTION OF DUTIES AND RESPONSIBILITIES			

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 Bogalusa 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 Bogalusa does not obligate the City of Bogalusa 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 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 Bogalusa. I am aware that the results will be made available to the Human Resources Director or a duly authorized representative. The City of Bogalusa 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 Bogalusa.

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 Bogalusa 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 Bogalusa to obtain a report as above described.

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

Signature

Date

For office use only:

HR Approval:	Approval:
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