CITY OF PLAQUEMINE, LOUISIANA

Return by Mail to: City Clerk's Office. P.O. Box 675, Plaquemine, LA 70765-0675
Or in person: Plaquemine City Hall, 23640 Railroad Ave, First Floor, Plaquemine, LA 70764
Phone: 225-687-3661 – Fax Copy Not Accepted

MUST HAVE A VALID DRIVER'S LICENSE TO APPLY

Employment Application

Rec'd _____ Initials: _____

The City of Plaquemine considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: ( ) _____ E-mail Address: _____

Desired Salary: $ _____

Position Applied for: _____

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

If no, are you authorized to work in the U.S.? *Proof of citizenship or immigration status will be required upon employment.* ☐ YES ☐ NO

Previous employee of the City? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony within the last seven (7) 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

Every male who is at least eighteen (18) years of age, but has not yet attained the age of twenty-six (26), seeking employment submit documentation evidencing his registration or exemption from registration with the Federal Selective Service System before being employed by the City of Plaquemine.

Education

High School Name and Address:

From: To: Did you graduate? YES ☐ NO ☐

If no, highest grade completed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

College Name And Address:

From: To: Did you graduate? YES ☐ NO ☐

Degree: or years attended ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ +

Other: Address:

From: To: Did you graduate? YES ☐ NO ☐

Degree: or years attended ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ +

Describe any specialized training, apprenticeship, skills or extra-curricular activities:

Describe any honors received during school:

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 your 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 assignment 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 ☐

If additional space is required, please continue on a separate page.

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

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

Where trained: _____

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:

Other Information

Government Agencies at times 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 ☐

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, color, 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 ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

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 use in accordance with the City of Plaquemine Drug Abuse 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: _____

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