



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? YES NO
Have you ever been convicted of a felony within the last seven (7) years? (Conviction will not necessarily disqualify applicant from employment.) YES NO

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

CITY OF PLAQUEMINE EMPLOYMENT APPLICATION

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: \_\_\_\_\_

<b>FOR CITY PERSONNEL DEPARTMENT ONLY</b>	
Passed Drug Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Arrange Interview: <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewer:
Date of Interview:	
Remarks:	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Start Date:
Job Title:	
Department:	
Hourly Rate / Salary: \$	
Department Head Name and Title	
Signature of Department Head	Date