

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For

Date of Application

How Did You Learn About Us?

Advertisement

Friend

Walk-In

Employment Agency

Relative

Other _____

Last Name

First Name

Middle Name

E-mail Address _____

Address Number Street

City

State

Zip Code

Telephone Number(s)

Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available for work? Yes No

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School	High School	Undergraduate	Graduate
School Name				
School Location				
Years Completed (circle one)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree	___Yes ___No	___Yes ___No	___Yes ___No	___Yes ___No
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any foreign languages you can speak, read and / or write

	FLUENT	GOOD	FAIR
SPEAK	_____	_____	_____
READ	_____	_____	_____
WRITE	_____	_____	_____

List professional, trade, business or civic activities and offices held.
 You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references **who are not** related to you and **are not** previous employers.

	NAME	ADDRESS	PHONE #
1.			
2.			
3.			

Have you ever had any job-related training in the United States military? Yes No
 If Yes, please describe

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Employment Experience

Start with your present or last job. 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.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor	Hourly Rate/Salary Starting Final	
Reason for Leaving			

Employer

Address

Telephone Number(s)

Job Title Supervisor

Reason for Leaving

Employer

Address

Telephone Number(s)

Job Title Supervisor

Reason for Leaving

Employer

Address

Telephone Number(s)

Job Title Supervisor

Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> Calculator	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Backhoe	List Others:
<input type="checkbox"/> Copy Machine	<input type="checkbox"/> Multi-line Telephone	<input type="checkbox"/> Dump Truck	
<input type="checkbox"/> Excel	<input type="checkbox"/> PC	<input type="checkbox"/> Tractor	
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> Postage Machine		
<input type="checkbox"/> Microsoft Office Outlook	<input type="checkbox"/> Typewriter		

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job occupation is attached. Yes No

References

1. _____ ()
Name Phone #

Address

2. _____ ()
Name Phone #

Address

3. _____ ()
Name Phone #

Address

Applicant's Statement

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 45 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 that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ___ Yes ___ No

Remarks _____

INTERVIEWER DATE

Employed ___ Yes ___ No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

Notes:

City of Thibodaux

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize City of Thibodaux and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment.

I release City of Thibodaux and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Please print legibly and please indicate all residence addresses for the past seven years. Use a separate sheet if more space is needed.

Last Name	First Name	Middle Name
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Maiden Name or Other Names Used

Present Address	City	State	County	Zip	How long?
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Former Address	City	State	County	Zip	How long?
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Former Address	City	State	County	Zip	How long?
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Former Address	City	State	County	Zip	How long?
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Former Address	City	State	County	Zip	How long?
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Former Address	City	State	County	Zip	How long?
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*Age	*Date of Birth	Social Security Number	Driver's License Number	State of License
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Signature	Date
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*NOTE: The above information is required for identification purposes only and is in no manner used as qualifications for employment. City of Thibodaux is an Equal Opportunity Employer and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

DOCUMENTS NEEDED

If applicable, forward copies of the documents listed below to the Office of Civil Service, Thibodaux, LA, before the deadline date and time.

Note: If a position you are interested in applying for is open, an application, a job announcement and job description will be available on the City's website.

A deadline date and time to submit application is posted in the job announcement.

PLEASE SUBMIT YOUR OWN COPIES OR THERE WILL BE A COPY CHARGE OF \$.55 PER COPY. Only exact change will be accepted as we carry no cash in the office.

- *** Submit a copy of your high school diploma, high school transcript or G. E. D., or college transcript if position calls for such.
- *** If you live within the city limits of Thibodaux and you are a registered voter, submit a copy of your current voter's registration card for possible extra points. This is not mandatory.

If you would like to obtain a voter's registration card or update information, contact the Registrar of Voter's Office, 307 West 4th Street, Thibodaux, LA. The phone number for this office is 985-447-3256.
- *** If you have military service, submit a copy of your DD214 form showing honorable discharge or discharge under honorable conditions. This is for possible extra points and is not mandatory.
- *** Men between ages 18 and 26 must submit a copy of your card showing evidence you have registered with the Selective Service System as a condition of employment. Website is as follows: https://www4.sss.gov/regver/verif_response/asp (Print a copy of response with number and submit it to the office of Civil Service until you receive your new card then submit copy of the card.)

FOR POLICE OFFICER APPLICANTS ONLY --- If you are post certified, submit a copy of your State of Louisiana P. O. S. T. Certification. Must be at least 21 years of age.

Should you have questions, please call this office at (985) 446-7233. City of Thibodaux's website for information is: www.ci.thibodaux.la.us

If time allows, one may mail application and documents to: Office of Civil Service, 112 St Mary Street, Thibodaux, LA 70301. ATTN: J. Kelly Chighizola or Carlis D. Ragas
If you use the mail and your application and documents do not reach the office of Civil Service by the deadline date and time, your application will not be considered.
FAX #: (985) 493-8762

An applicant who is not present in the testing room at the posted time will not be allowed to test for the position.

Thanks!

J. Kelly Chighizola, Civil Service Director, Municipal Government Employees' Civil Service