



**LAFOURCHE PARISH GOVERNMENT
Civil Service Department**

P.O. Box 32 • Thibodaux, LA 70302
Phone: (985) 446-8427 • Fax: (985) 446-8429

CLASSIFIED APPLICATION FOR EMPLOYMENT

**APPLICATION MUST BE FILLED OUT COMPLETELY,
SIGNED, AND DATED IN ORDER TO BE CONSIDERED.
"SEE RESUME" WILL NOT BE ACCEPTED. (PLEASE PRINT OR TYPE)**

Position(s) Applied For _____

First Name _____ Middle Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Cell phone Number _____

Email Address _____

Do you currently have a valid Driver's License? Yes No

Do you currently have a valid Louisiana Driver's License? Yes No

If no, please explain: _____

Driver's License Number _____

Date Issued _____ Expiration Date _____

Do you currently have a Commercial Driver's License (CDL) Yes No

If yes, what class: _____

An applicant is a person who is 18 years of age or older, do you meet this requirement? Yes No

Are you legally permitted to work in the United States? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date(s) _____

Have you ever been employed with us before? Yes No

If yes, give date(s) and reason for leaving _____

On what date would you be available to begin work _____

Employment sought
<input type="checkbox"/> Full Time
<input type="checkbox"/> Part Time
<input type="checkbox"/> Permanent
<input type="checkbox"/> Temporary
<input type="checkbox"/> Summer
<input type="checkbox"/> Shift Work

Location sought
<input type="checkbox"/> Bayou Blue
<input type="checkbox"/> Choctaw
<input type="checkbox"/> Galliano
<input type="checkbox"/> Lockport
<input type="checkbox"/> Mathews
<input type="checkbox"/> Raceland
<input type="checkbox"/> Thibodaux

Are you currently employed? Yes No

May we contact your present employer? Yes No

Do you currently have any relatives employed by Lafourche Parish Government? Yes No

Do you currently have any relatives that hold an elected position for Lafourche Parish Government? Yes No

If yes for the above two, give name(s) and relationship(s) _____

Do you now hold or are you a candidate for an elective public office? Yes No

Have you been convicted of a felony within the last seven (7) years? Yes No

If yes, please explain (Conviction will not necessarily disqualify an applicant from employment)

EDUCATION AND TRAINING

HIGH SCHOOL

School Name _____ School Location _____

Received Diploma Yes No If no, do you have a GED? Yes No

UNDERGRADUATE

School Name _____ School Location _____

Diploma/Degree Received Yes No Type of Degree _____

Describe Course of Study _____

GRADUATE

School Name _____ School Location _____

Diploma/Degree Received Yes No Type of Degree _____

Describe Course of Study _____

OTHER (please specify)

School Name _____ School Location _____

Diploma/Degree Received Yes No Type of Degree _____

Describe Course of Study _____

Describe any specialized training, apprenticeship, skills, and extra-curricular activities

Describe any honors and/or certificates you have received _____

EMPLOYMENT HISTORY

BEGIN WITH YOUR PRESENT OR LAST JOB. ATTACHING A RESUME OR PREPRINTED JOB SPECIFICATIONS ARE NOT ACCEPTED IN PLACE OF INFORMATION REQUESTED. FAILURE TO PROVIDE COMPLETE AND DETAILED INFORMATION REGARDING EACH JOB FIELD MAY RESULT IN YOUR DISQUALIFICATION. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH EXTRA SHEETS.

Employer _____

Address _____

Telephone Number _____ Job Title _____

Supervisor's Name _____ Title _____

Dates Employed		Hourly/Yearly Salary	
From _____	To _____	Start _____	Final _____

Work Performed _____

Reason for Leaving _____

Employer _____

Address _____

Telephone Number _____ Job Title _____

Supervisor's Name _____ Title _____

Dates Employed		Hourly/Yearly Salary	
From _____	To _____	Start _____	Final _____

Work Performed _____

Reason for Leaving _____

Employer _____

Address _____

Telephone Number _____ Job Title _____

Supervisor's Name _____ Title _____

Dates Employed		Hourly/Yearly Salary	
From _____	To _____	Start _____	Final _____

Work Performed _____

Reason for Leaving _____

Employer _____

Address _____

Telephone Number _____ Job Title _____

Supervisor's Name _____ Title _____

Dates Employed		Hourly/Yearly Salary	
From _____	To _____	Start _____	Final _____

Work Performed _____

Reason for Leaving _____

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

ADDITIONAL INFORMATION

Check Skills/Equipment Operated

- | | | |
|--|---|--|
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Dump Truck |
| <input type="checkbox"/> Copy Machine | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Tractor |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> Dragline |
| <input type="checkbox"/> Fax Machine | <input type="checkbox"/> Multi-line Telephone | <input type="checkbox"/> Culvert Cleaner |
| <input type="checkbox"/> Postage Machine | <input type="checkbox"/> Power point | <input type="checkbox"/> Road Grader |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Excavator | <input type="checkbox"/> Backhoe |

Please list any others _____

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

REFERENCES

Name _____ Phone Number _____

Address _____

Name _____ Phone Number _____

Address _____

Name _____ Phone Number _____

Address _____

WE CONSIDER APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY LEGALLY PROTECTED STATUS. 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. IF YOU WANT LAFOURCHE PARISH TO CONSIDER SPECIAL ARRANGEMENTS TO ACCOMMODATE A PHYSICAL OR MENTAL IMPAIRMENT IN EITHER THE APPLICATION/TESTING PROCESS OR THE JOB FOR WHICH YOU ARE APPLYING, YOU MAY IDENTIFY THAT IMPAIRMENT AND SUGGEST THE KIND OF ACCOMMODATION THAT YOU BELIEVE WOULD BE APPROPRIATE.

APPLICANT'S STATEMENT

AS CERTIFIED ON THE EMPLOYMENT APPLICATION, I DECLARE THAT MY ANSWERS TO THE QUESTIONS ARE TRUE AND GIVE LAFOURCHE PARISH GOVERNMENT 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 GIVEN THROUGH PERSONAL INTERVIEWS WITH OTHERS. I UNDERSTAND THAT THIS INQUIRY MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS 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 ALSO AUTHORIZE THE RELEASE OF MY SCHOLASTIC RATINGS TO LAFOURCHE PARISH BY SCHOOLS AND OTHER EDUCATIONAL INSTITUTIONS THAT I HAVE ATTENDED.

I FURTHER UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION DOES NOT ASSURE ME OF A POSITION WITH THE LAFOURCHE PARISH GOVERNMENT AND DOES NOT OBLIGATE THE LAFOURCHE PARISH GOVERNMENT TO ME IN ANY WAY. I FURTHER UNDERSTAND THAT ANY MISREPRESENTATION HEREIN MAY CAUSE MY APPLICATION TO BE REJECTED, MY NAME TO BE REMOVED FROM THE ELIGIBLE REGISTER AND/OR SUBJECT ME TO DISMISSAL.

I FULLY UNDERSTAND THAT AS A PART OF THE EMPLOYMENT PROCESS, I WILL BE REQUIRED TO VOLUNTARILY SUBMIT TO A DRUG SCREEN TEST AND/OR PHYSICAL EXAMINATION REQUIRED BY THE LAFOURCHE PARISH GOVERNMENT. I AM AWARE THAT THE RESULTS WILL BE MADE AVAILABLE TO THE HUMAN RESOURCES DEPARTMENT. I ALSO UNDERSTAND THAT, IN ACCORDANCE WITH LOUISIANA R.S. 23:897, THE LAFOURCHE PARISH GOVERNMENT MAY WITHHOLD FROM THE WAGES OF AN EMPLOYEE THE COSTS OF THE PREEMPLOYMENT MEDICAL EXAMINATION, DRUG TEST, OR BOTH IF THE EMPLOYEE RESIGNS WITHIN NINETY (90) WORKING DAYS.

I HEREBY AUTHORIZE THE LAFOURCHE PARISH GOVERNMENT 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.

NOTE: THE LAFOURCHE PARISH GOVERNMENT KEEPS ALL APPLICATIONS RECEIVED ON FILE FOR **ONE YEAR**. IF YOU HAVE SUBMITTED AN APPLICATION IN THE PAST YEAR AND WOULD LIKE TO HAVE IT RE-SUBMITTED FOR A POSTED VACANCY, YOU MUST CONTACT THE **CIVIL SERVICE DEPARTMENT** AT **(985) 446-8427** TO REQUEST THAT YOUR APPLICATION BE CONSIDERED.

ORIGINAL APPLICATION MUST BE SUBMITTED IN A SEALED ENVELOPE ADDRESSED TO THE "LAFOURCHE PARISH CIVIL SERVICE DEPARTMENT." THE SEALED ENVELOPE CAN BE MAILED TO P. O. BOX 32, THIBODAUX, LA 70302; HAND DELIVERED TO THE THIBODAUX GOVERNMENT COMPLEX, 402 GREEN STREET, THIBODAUX, 70301; THE MATHEWS GOVERNMENT COMPLEX, 4876 HWY. 1, MATHEWS, 70375; OR AT THE GALLIANO ANNEX, 16241 EAST MAIN STREET, SUITE B10, CUT OFF, 70345; **OR** FAXED TO (985) 446-8429.

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Signature of Applicant

Date

