APPLICATION FOR EMPLOYMENT WITH CITY OF LAFAYETTE

This application expires 60 days after date filed. We consider 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.

PERSONAL

Date: _____

Name		Soc			
Last	First	Middle Initial	·		
Present address	Street	City		State	Zip
How many years have you lived		ũ.)		
Previous address	Street City	State Zip	_How long did you	live there?	
Job(s) applied for 1.		1			
2					
How did you learn of this openi	ng?				
Do you want to work 🖵 Full-ti	ime or 📮 Part-time. Specify da	ys and hours if part-t	ime		
Have you worked for us before	? If yes, when?				
List any friends or relatives wo	rking for us				
If hired, on what date will you l	be available to start work?				
Are there any other experiences	s , skills, or qualifications which	you feel would especia	ally fit you for work	with the Com	pany?
If hired, do you have a reliable :	means of transportation to get t	o work?			
Have you ever received compen	sation for injuries? 🖵 No	Yes (explain)			
		<u> </u>			
Have you ever been <i>convicted</i> of	f a crime, excluding misdemean	ors and summary offe	nses? 🛛 No	Yes	
If yes, describe in full					
	Person to be notified in	case of accident or em	ergency		
Name		Phone	Number		

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	How Many Years Attended	Graduated	COURSE OR MAJOR
GRAMMER OR GRADE			Yes No	
HIGH SCHOOL			Yes No	
COLLEGE			Yes No	

MILITARY SERVICE RECORD

Have you ever served in the armed forces? 🖵 Yes 📮 No 🛛 If yes, what branch?							
Dates of duty: From	Month	Day	To	Month	Day	Year	Rank at discharge
What were your dution	es in the S	ervice (ind	clude specia	l training a	and duty sta	ation)? _	
Have you had any scl							
Are you over 18 y	ears of ag	e? 🗖 Yes	No If	no, employ	ment is sul	oject to v	verification that you are of minimum legal age.
Have you ever bee	en bonded	? 🖵 Yes	No If	yes, for wh	nat job(s) _		
Employer may asl	k other bo	nafide occ	cupational q	uestions be	elow:		
•							
•							

PERSONAL REFERENCES

(Excluding Former Employees or Relatives)

Name and Occupation	Address	Phone Number
1		
2		
3		

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

DATES		NAME AND ADDRESS	RATE OF PAY		SUPERVISOR'S NAME	REASON FOR	
FROM	ТО	OF EMPLOYER	START	FINISH	AND TITLE	LEAVING	
			-				
Describe in detail the work you did.							

DATES		NAME AND ADDRESS	RATE OF PAY		SUPERVISOR'S NAME	REASON FOR	
FROM	ТО	OF EMPLOYER	START	FINISH	AND TITLE	LEAVING	
			-				
Describe in detail the work you did.							

DATES		NAME AND ADDRESS	RATE OF PAY		SUPERVISOR'S NAME	REASON FOR	
FROM	ТО	OF EMPLOYER	START	FINISH	AND TITLE	LEAVING	
Describe	in dotail :	the work you did					
Describe in detail the work you did.							

DATES		NAME AND ADDRESS	RATE (OF PAY	SUPERVISOR'S NAME	REASON FOR	
FROM	ТО	OF EMPLOYER	START	FINISH	AND TITLE	LEAVING	
			-				
Describe	in detail 1	the work you did.					
2 0501150							

DATES		NAME AND ADDRESS	RATE OF PAY		SUPERVISOR'S NAME	REASON FOR
FROM	ТО	OF EMPLOYER	START	FINISH	AND TITLE	LEAVING
			-			
D						
Describe	e in detail	the work you did.				
May we c	ontact the	employers listed above?	If no	t, indicate	below which one(s) you do no	t wish us to contact.

Occasionally the form of an applicant blank makes it difficult for an individual to adequately summarize his complete background. To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe you full qualifications.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other consideration.

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of any personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.*

Signature of Applicant _____

Date: _

*NOTE: The Provisions of the Fair Credit Reporting Act may be applicable if a credit report on the applicant is obtained and considered.

DO NOT WRITE BELOW THIS LINE

INTERVIEW	YES DNO	Date	Hour		
Result of Interview	V				
Acceptable for Em	ployment?	Starting Rate	Starting Date	Shift	
Occupation		Dept	(Clock No	
Interviewed by		Employed by			
		Approved by			