

DESOTO PARISH POLICE JURY

An Equal Opportunity Employer

Application For At Will Employment

This application will expire in one (1) year.
A new application must be submitted by applicant after
that time period if applicant wishes to be considered for employment.

Date of Application _____

NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ SOCIAL SECURITY NO. _____

POSITION APPLIED FOR: _____

I WILL BE ABLE TO REPORT TO WORK _____ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

EDUCATION: Name of School, years attended and degree attained.

High School _____

College/University _____

Business/Technical _____

Other _____

High School Diploma or GED _____

MILITARY SERVICE:

Duty/Specialized Training: _____

REFERENCES: List two personal references who are not relatives or former supervisors.

Name	Occupation	Years known	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY: List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer 1:

Employer Name and Address _____

Position _____

Duties _____

Dates Employed: from _____ to _____

Reason for leaving _____

Supervisor's Name: _____ Telephone: _____

EMPLOYER 2:

Employer Name and Address _____

Position _____

Duties _____

Dates Employed: from _____ to _____

Reason for leaving _____

Supervisor's Name: _____ Telephone: _____

EMPLOYER 3:

Employer Name and Address _____

Position _____

Duties _____

Dates Employed: from _____ to _____

Reason for leaving _____

Supervisor's Name: _____ Telephone: _____

EMPLOYER 4:

Employer Name and Address _____

Position _____

Duties _____

Dates Employed: from _____ to _____

Reason for leaving _____

Supervisor's Name: _____ Telephone: _____

Skills and Abilities:

Types of computers, other electronic or mechanical equipment that you are qualified to operate or repair:

Professional Licenses, Certifications or Registrations: _____

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention:

In case of accident or illness please contact: Name: _____

Phone Number () _____ Relationship _____

Are you related to a current Desoto Parish Public Official or Employee? Yes No

If so, whom and how? _____

Do you have the legal right to work in the U.S.A.? Yes No

Do you have a driver's license? Yes No DL# _____ State: _____ Exp. Date: _____

The applicant grants permission to the DeSoto Parish Police Jury to contact all of the applicant's previous employers and releases all persons providing employment information from liability to the fullest extent provided by LA R.S. 23:291 _____ (initial)

The applicant grants permission to the DeSoto Parish Police Jury to conduct background checks, including obtaining criminal records and driving records, and acknowledges that immunity from civil liability is granted to the fullest extent allowed by the law including that provided by LA R.S. 23:291. _____ (initial)

Efforts may be made to verify the accuracy and completeness of this application by contacting the appropriate sources. The applicant by submitting this application consents to such contact. _____ (initial)

Applicant consents to the release of any information as it pertains to employment provided by or about the applicant. _____ (initial)

Applicant certifies that applicant is not subject to any contract or agreement that would restrict or prohibit him/her from performing the work for which he/.she is applying. _____ (initial)

Applicant acknowledges that no offer of employment has been made to the applicant. _____ (initial)

Information to the applicant: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above: Applicant states that the application is true, accurate, complete and correct and understands any misrepresentations or omissions may result in the application being disregarded, the prospective employee not being considered for employment or, if hired cause for discipline, including termination and, if hired, forfeiting workers compensation benefits. _____ (initial)

Signature: _____ Date: _____