

City of Ville Platte

126 East Main Street
 Post Office Box 390
 Ville Platte, LA 70586
 (337) 363-2939 (Phone)
 (337) 363-1121 (Fax)
 www.cityofvilleplatte.com



EMPLOYMENT APPLICATION

INSTRUCTIONS

PLEASE PRINT OR TYPE The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance.

APPLICANT INFORMATION

Last Name		First	M.I.	
Street Address			Apt. #	
City		State	ZIP	
Home Phone:		Cell Phone:		
Email		Start Date:	Social Security #:	
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If No, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for the City of Ville Platte	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, when?	
Did you serve in the U.S. Armed Forces?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, what branch?	
Did you receive an honorable discharge? If no, explain: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you claim veteran's preference?	

EDUCATION

Do you have a High School Diploma? YES NO If No, do you have a GED? YES NO Date obtained: _____
 If not, highest grade completed: _____ Name and location of last High School attended: _____

Please list your education beginning with your highest degree earned:

Name of School / Institution Attended	City, State	Date (From / To)	Degree Earned	Major

Special Skills and Training _____

Are you a licensed or certified member of a profession or trade? YES NO If Yes, type of license or certificate: _____
 License or Certification number: _____

State _____ Year _____

Print Name: _____

Date: _____

WORK HISTORY

CURRENT OR LAST EMPLOYMENT: FULL-TIME PART-TIME If part-time, number of hours worked per week: _____

Company: _____ Phone: () _____

Address: _____ City, State, Zip: _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities:

From _____ To _____ Reason for Leaving: _____

Supervisor: _____ May we contact your employer? YES NO

PRIOR EMPLOYMENT: FULL-TIME PART-TIME If part-time, number of hours worked per week: _____

Company: _____ Phone: () _____

Address: _____ City, State, Zip: _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities:

From _____ To _____ Reason for Leaving: _____

Supervisor: _____ May we contact this employer? YES NO

PRIOR EMPLOYMENT: FULL-TIME PART-TIME If part-time, number of hours worked per week: _____

Company: _____ Phone: () _____

Address: _____ City, State, Zip: _____

Job Title: _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities:

From _____ To _____ Reason for Leaving: _____

Supervisor: _____ May we contact this employer? YES NO

Print Name: _____

Date: _____

DRIVER'S LICENSE INFORMATION

Do you have a valid driver's license? ? YES NO If yes, answer the following:

Driver License Number: _____

State: _____ Expiration Date: _____

Class: _____ Endorsements: _____ Restrictions: _____

Have your license ever been suspended? YES NO

Have your license ever been revoked? YES NO

If Yes to either or both of the above, please explain and provide dates: _____

Please list all traffic citations received within the last seven (7) years: (speeding, driving under the influence, etc.)

Date of citation: _____

Law enforcement agency that issued citation: _____

Offense/Charge: _____

Points: _____

Outcome: _____

Date of citation: _____

Law enforcement agency that issued citation: _____

Offense/Charge: _____

Points: _____

Outcome: _____

ADDITIONAL INFORMATION

Are you eighteen (18) years or older? YES NO

Will you work holidays? YES NO

Will you work weekends? YES NO

Will you work night shifts? YES NO

Are you related to anyone currently working for the City of Ville Platte? YES NO

If yes, answer the following:

Name: _____

Relationship: _____

Department: _____

Have you ever been fired, forced to resign, or resigned in lieu of termination? YES NO If yes, please explain:

Employer's Name: _____

Date: _____ Reason: _____

Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of the law? YES NO

If yes, please answer the following:

Felony Misdemeanor Date: _____

Offense/Charge: _____

Outcome: _____

** A conviction does not automatically mean you cannot be employed by the City of Ville Platte. The nature of the offense, when occurred, etc., are given consideration.*

Print Name: _____

Date: _____

PROFESSIONAL REFERENCES

Please list three professional references. Names and addresses of people who are familiar with your previous educational and/or employment experience whom we may contact:

Name:		Relationship	
Company:		Phone	Work: () Cell: ()
Address:		City, State:	Zip:
Name		Relationship	
Company		Phone	Work: () Cell: ()
Address		City, State:	Zip:
Name		Relationship	
Company		Phone	Work: () Cell: ()
Address		City, State:	Zip:

DISCLAIMER AND SIGNATURE

The City of Ville Platte is an Equal Opportunity Employer. The City of Ville Platte does not discriminate against sex, race, color, religion, age or national origin. Discrimination against handicap is also prohibited.

I hereby certify that each response on this application and all other information I have submitted in applying for employment with the City of Ville Platte are true, correct, and complete. I understand that any incorrect, incomplete, or false statement of information I have provided will be subject to disqualification in an examination or to discharge at any time.

If selected, I will provide copies of educational transcripts from all schools, colleges/universities which I have attended, a copy of my official birth certificate, and a copy of my social security card prior to start date of employment with the City of Ville Platte.

Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of urine, which may be tested for use of drugs and/or controlled substances. The City of Ville Platte shall require a pre-employment medical examination of all new employees, and review the results, prior to the employee's first day of work. The exam shall include at least the following: X-Ray, drug screening, review of medical history, and other data.

My signature affirms that all information is true to the best of my knowledge and I understand any false statement may result in disqualification of consideration or termination of my employment.

Signature

Print Name

Date

PRINT NAME: _____

DATE: _____

**NOTICE TO APPLICANT
INTENT TO OBTAIN A CONSUMER REPORT**

In connection with your application for employment, we would like to procure certain background information concerning you, which is contained in a consumer report. A consumer report may contain information regarding your driving record and/or criminal background.

Before we procure a consumer report, you must authorize the City of Ville Platte to obtain the consumer report. You have the right to decline authorization for us to procure a consumer report. However, if you decline, we will not consider you further for employment. Below is a release to procure a consumer report allowing the City of Ville Platte to obtain a consumer report. Please read the release carefully and indicate your choice regarding disclosure.

RELEASE TO PROCURE A CONSUMER REPORT

I have read the "Notice to Applicant of Intent to Obtain a Consumer Report."

I understand that I have the right to decline authorization for the City of Ville Platte to procure a consumer report concerning me.

Understanding these rights

I authorize the City of Ville Platte to procure a consumer report concerning me.

I do not authorize the City of Ville Platte to procure a consumer report concerning me.

Name (Please Print) _____

Social Security Number _____

Signature _____

Date _____

THANK YOU FOR YOUR INTEREST IN WORKING FOR THE CITY OF VILLE PLATTE

THE CITY OF VILLE PLATTE IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

Your application for employment with the City of Ville Platte will be active for 90 calendar days. After 90 calendar days, you must reapply for available positions.