

## APPLICATION FOR EMPLOYMENT

St. Martin, Iberia, Lafayette Community Action Agency, Inc Post Office Box 3343 Lafayette, LA. 70502-3343

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.

"An Equal Opportunity Employer-Program"

Auxiliary Aids Available Upon Request To Individuals With Disabilities"

Application must be completed in full. Resume and other information may be attached but will not be considered in Lieu of a formal Application.

(Please Print)	Date of Application:					
Position Applied Fo	er:					
Referral Source: 0	Advertisement ol	Friend o Relative o V	Valk-in ∘ Em	ployment Agency	o Other	
Name:						
	First	Middle		Last		
Address:						
•	Number	Street	City	Zip C	ode	
Telephone: ()_	cell ()					
Council, RSVP Adv	risory Council, or I If Yes, W	y this agency or a m Board of Directors? ho?			Policy	
Are you a current o		ead Start and/or Hea	d Start parent	? • Yes	○ No	
If employed and you	u are 18, can you f	urnish a work permi	t? • Yes	$\circ$ No		
If necessary, best til	me to call you at he	ome is:	A.M. or	<b>P.N</b>	ſ.	
Have you filed an a	pplication here bef	fore? $\circ$ Yes – If yes,	give date	0 N		
Have you ever been	employed here be	fore? O Yes - If yes,	give date	$\circ$ N	o	
Are you employed r	now? • Yes	o No				
May we contact you	ır present employe	er? • Yes • ]	No			
Are you prevented t	from lawfully beco	ming employed in th	is country bec	ause of Visa or In	ımigration	
		zenship or immigratio				
Salary expected	\$ per	(hr., wk.,	mo.)	- ^		
On what date would	l you be available	for work?				
Are you available to	work? • Full-T	ime o Part Time	Shift Work	Temporary		
Are you on a lay-of						
Can you travel if a	job requires it? o	Yes O No				
If applying for a dr	iver position OCl	DL • Chauffeurs				
	•					

**Employment History** 

List your last four (4) employers, assignm	ients or volunte	er activities, starti	ing with the most recent, including military experience.		
	Dates Employed		Summarize the nature of the work performed and job		
Employer	From To		responsibilities		
Telephone ( )	the second				
Address	Hourly	Rate/Salary			
		arting			
Job Title	\$	Per			
	-				
	***************************************				
Immediate Supervisor and Title	Hourly	Rate/Salary			
TAMAN SAPELIBOR WATER AND		inal			
Reason for Leaving	\$	Per			
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	***************************************				
May we contact for references? Yes o	No o	Later o			
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	Dates	Employed	Summarize the nature of the work performed and job		
Employer	From	To	responsibilities		
Employer	TIOM		responsibilities		
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Telephone ( )		Data/Calawa			
Address		Rate/Salary			
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		I 5			
Job Title	\$	Per			
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Immediate Supervisor and Title	Hourly Rate/Salary				
	Final				
Reason for Leaving	\$	Per			
May we contact for references? Yes o	No o	Later ○			
			***************************************		
	Dates	Employed	Summarize the nature of the work performed and job		
Employer	From	To	responsibilities		
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Telephone ( )					
Address	Hourly	Rate/Salary			
		arting			
Job Title	\$	Per			
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Immediate Supervisor and Title	Town.	 Rate/Salary			
Immediate Supervisor and Title		Rate/Salary Final			
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Reason for Leaving	\$	Per			
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May we contact for referen	ices? Yes o	No o	Later o			
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List any foreign language(s)  Language	Speak Some	the second to the first of the state of the second	ne ooxes that desc eak Fluently	Read	Write	
<u> </u>	<u> </u>		cur i tuchuy	**************************************	1.11C	
List professional, trade, busi religion, national origin, age				Exclude memberships whic	h would reveal sex, race,	
	rganization			Offices H	[e]d	
List professional accomplish origin, age, color, disability			(Exclude informati	on which would reveal sex,	race, religion, national	
References List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, List three professional references that are not related to you.						
Name		1	Telephone		Years Known	
	(	)				
Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for our agency.						
Typing Speedwp	om	Shorthan	dwpm	Dictating Si	killswpm	
Educational Background (if job related)  A. List last (3) schools attended, starting with last one. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Bank and E. Major and minor field of study (if applicable).						
A. School	B. No. Year	C. Degr		A Class E. Major	E. Minor	
	Completed	Diplo				
List any additional informati us in considering your applicati		us to consid	er. Honors Received	l: State any additional informa	ntion you feel may be helpful to	
					- LA LA LA COMPANIO DE SERVICIO DE LA COMPANIO DEL COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DE LA COMPANIO DEL COMPANIO	
		App	licant's Statem	ent		

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.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract.

In 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 Human Resources Department Use Only Position (s) applied for ...... Available □ Not Available Other positions considered for: Hired..... Yes □ No Date of Hire Position hired for \_\_\_\_\_ EEO Classification 1. Officials and Managers □ 2. Professionals □ 3. Technicians □ 4. Sales □ 5. Office and Clerical 6. Craft Workers (skilled) □ 7. Operatives (semi-skilled) □ 8. Laborers 9. Service Workers □ Notes

Completed by:			Date	
Volu	ntary Affi	rmative A	ction Infor	mation
Applicants Name:				
	Last	First	Middle	
Telephone:(				0.1 1.1 N
Address:Street	City	Stat	e Z	ip Code
As required, we comply apply.	with government re	gulations including		^
In an effort to comply wobligations, we ask that				
Please be advised that y confidential information				syment. It is considered
Check one				
 Male □ Female	••••••			0
Check one of the follow	ving Race/Ethnic G	Froup		
□ Hispanic □ Black (	□ White □ Americ	an Indian/Alaskan N	Vative □ Asian/P	acific Islander
SPECIAL NOTICE TO WITH PHYSICAL OR				AND INDIVIDUALS
	to take affirmative	action to employ and	d advance in employ	974 and the Rehabilitation ment qualified disabled
You are invited to volur reasonable accommodat information will not adv	ion. This information	on will be considered	l confidential, and re	_
If you so wish to be ide	entified, please chec	k if any of the follo	wing are applicable	e:
□ Vietnam Era Veteran	□ Disabled \	<sup>7</sup> eteran □ Ind	ividual with a Disabi	ility

 $To \ be \ competed \ by \ applicant-Not \ for \ interview \ purposes-To \ be \ filed \ separately \ from \ application.$ 

This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.