

APPLICATION FOR EMPLOYMENT

Plaquemines Parish
Civil Service Department
Post Office Box 836
Belle Chasse, LA 70037

civilservice@ppgov.net
Fax:(504)934-6089

Position Applying For _____ Date _____

INSTRUCTIONS: Please print clearly. Failure to supply requested information may result in your application being **REJECTED**. Answer every question truthfully, completely, and accurately. This information is needed to determine your employment eligibility. **Omitted, incomplete, false or misleading information may cause your application to be REJECTED.**

Name _____
Last First Middle Suffix (Maiden)

Physical Address _____
Street City State Zip Code

Mailing Address _____
P. O. Box City State Zip Code

Current Home Phone No. _____ Current Cell Phone No. _____

Current Email Address _____

Check box if you are under 18 years of age. []

In case of an emergency or secondary contact, please notify _____
(First and Last Name)

Contact's Phone Number _____

Relationship to Applicant _____

Check Boxes interested in. [] Full-Time [] Part-Time

Have you ever worked for Plaquemines Parish before? [] Yes [] No

If "Yes" give dates and department _____

Are any of your records under another name? (This includes maiden and previously married names.) If so, please provide that name. _____

Driver's License No. _____ State _____ Class _____ Exp. Date _____

Are you a citizen of the United States? [] Yes [] No If "No", do you have a valid work permit? [] Yes [] No

VETERAN'S PREFERENCE: (Check appropriate box below, if applicable)
[] Veteran [] Spouse of Deceased or Disabled Veteran
[] Disabled Veteran [] Parent of Deceased or Disabled Veteran

EQUAL OPPORTUNITY EMPLOYER

Revised: 06/20/2018

EMPLOYMENT RECORD

Additional information and/or resume' may be added on a separate page and attached to application.

Date From	Date To	Company Name, Phone Number, and Address of Employer	Job Title	Duties	Reason for Leaving
Mo. _____ Yr. _____	Mo. _____ Yr. _____	Company Name: _____ Phone Number: (_____) _____ Address: _____			
Mo. _____ Yr. _____	Mo. _____ Yr. _____	Company Name: _____ Phone Number: (_____) _____ Address: _____			
Mo. _____ Yr. _____	Mo. _____ Yr. _____	Company Name: _____ Phone Number: (_____) _____ Address: _____			
Mo. _____ Yr. _____	Mo. _____ Yr. _____	Company Name: _____ Phone Number: (_____) _____ Address: _____			

EDUCATION

	Name and Location of School	Years Attended		Major Subject
		From	To	Please circle all that apply
High School				Diploma / GED / None
Undergraduate School College or University				Associate's / Bachelor's / None
				Major & Year obtained:
Graduate School College or University				Master's / Ph. D. / None
				Major & Year obtained:
Trade School or Business School				Certificate / Diploma / License
				Other & Year obtained:

I have completed this application with the understanding that the information given is subject to verification by authorized agents of Plaquemines Parish. I authorize full investigation of statements made on this application and give my consent to the release of any information pertinent to this application. I understand that misrepresentation or omission of the facts called for hereon, receipt of unsatisfactory references or failure to pass a prescribed physical examination, including screening for controlled substances, shall be sufficient cause for rejection of this application or, if I shall have been employed, termination from employment.

I understand and agree that my employment shall be probationary for a period of one hundred eighty (180) days. In the event I am employed, I agree to accept the employment conditions now existing, or established in the future, including changes of responsibilities, work duties, department or divisions. **INCOMPLETE APPLICATIONS WILL BE REJECTED.**

Signature _____

Date _____

NEPOTISM

Nepotism is commonly understood to mean preference of any sort given to relatives. To be in compliance with the State of Louisiana's Code of Governmental Ethics please list the members of your immediate family **that are currently employed by Plaquemines Parish Government.**

1. Children _____
2. Spouse of your children (Daughters-in-law & Sons-in-law) _____

3. Brothers and Sisters _____
4. Spouses of your Brothers & Sisters (Brothers-in-law & Sisters-in-law) _____

5. Parents _____
6. Spouse _____
7. Parents of your Spouse (Mother-in-law & Father-in-law) _____

SHERIFF'S REPORT

APPLICANT INFORMATION: (Please complete. All information must be printed or typed.)

Applicant's full name: _____
Last First Middle Maiden

Applicant's Signature: _____

Applicant's Social Security Number: _____

ID or Driver's License Number: _____ State: _____ Class: _____ Expiration Date: _____

Male Female

