Lafourche Parish Public Library

314 St. Mary Street

Thibodaux, LA 70301

## Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address: |  |  |  |  |

Street City State Zip

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Telephone Number: |  | Are you over 18 years old? |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you authorized to work in the U.S. on an unrestricted basis? |  | Yes |  | No |

|  |  |
| --- | --- |
| How did you learn of this opening? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you worked here before? |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you been told the essential functions of the job or have you been shown a copy of the job description | | | | |
| listing the essential functions of the job? |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Can you perform these essential functions with or without reasonable accommodation? |  | Yes |  | No |

|  |  |
| --- | --- |
| Are there any hours, shifts, or days you cannot or will not work? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Shift Preferred: |  | Part-time: |  | Full Time: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you willing to work overtime as required? |  | Yes |  | No |

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| --- | --- | --- | --- | --- | --- |
| Have you ever been convicted of a felony? |  | yes |  | No | (Conviction will not necessarily |
| Disqualify an applicant for employment.) If yes, describe conditions: | | | | | |
|  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Education | Name & Location of School | Year Graduated | Major | Diploma/Degree |
| High School |  |  |  |  |
| College/University |  |  |  |  |
| College/University |  |  |  |  |
| Other Training |  |  |  |  |

In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our organization?

|  |
| --- |
|  |

# Positions

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Applied For: | 1. |  | | 2. | |  | |
| Wage or salary desired$ | | |  | | When can you start? | |  |

Work History: May we contact your present employer?  Yes  No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Most Recent Employer: | | Address: | | | Telephone: |
| Date Started | Starting Salary:$ | Per | Starting Position | | |
| Date Left | Salary on Leaving:$ | Per | Position on Leaving | | |
| Name and Title of Supervisor: | | | | | |
| Description of Duties: | | | | Reason for Leaving: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Previous Employer: | | Address: | | | Telephone: |
| Date Started | Starting Salary:$ | Per | Starting Position | | |
| Date Left | Salary on Leaving:$ | Per | Position on Leaving | | |
| Name and Title of Supervisor: | | | | | |
| Description of Duties: | | | | Reason for Leaving: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Previous Employer: | | Address: | | | Telephone: |
| Date Started | Starting Salary:$ | Per | Starting Position | | |
| Date Left | Salary on Leaving:$ | Per | Position on Leaving | | |
| Name and Title of Supervisor: | | | | | |
| Description of Duties: | | | | Reason for Leaving: | |

If additional space is needed, please place the same information for each additional employer on the reverse of this page or file an attachment.

Applicant’s Certification and Agreement

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in dismissal. I authorize the company/organization to make an investigation of any of the facts set forth in this application and release the company/organization from any liability.

I understand that employment at this company is “at-will,” which means that either I or the company/organization can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the company/organization, other than the president or equivalent in a signed writing has any authority to alter the foregoing.

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| --- | --- | --- | --- |
| **Date:** |  | **Signature:** |  |

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Date: |  |

Why would you like to work for the Lafourche Parish Public Library?