

Applicant's Name _____

CITY OF EUNICE
EUNICE, LOUISIANA

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE: _____ SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE/ZIP

PHONE NUMBER _____

DRIVER'S LICENSE#: _____ EXPIRATION DATE: _____
(a copy must be attached)

NAME / DEPARTMENT / RELATION OF ANY RELATIVES ALREADY EMPLOYED BY THIS BUSINESS:

- 1. _____
- 2. _____
- 3. _____

REFERRED BY: _____

EMPLOYMENT DESIRED

DEPARTMENT: _____ POSITION: _____
ARE YOU PRESENTLY EMPLOYED: _____ IF SO, MAY WE CONTACT YOUR EMPLOYER? _____
CURRENT EMPLOYER: _____

EDUCATION

SCHOOL NAME & LOCATION	ELEMENTARY SCHOOL					HIGH SCHOOL				COLLEGE				
	4	5	6	7	8	9	10	11	12	1	2	3	4	+
YEARS COMPLETED														
DIPLOMA/DEGREE: _____														
DESCRIBE COURSE OF STUDY: _____														
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS & EXTRA-CURRICULAR ACTIVITIES: _____														
DESCRIBE ANY HONORS YOU HAVE RECEIVED: _____														
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION: _____														

Applicant's Name _____

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE:

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES & OFFICES HELD:

You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status:

PREVIOUS EMPLOYMENT

LIST YOUR LAST 4 EMPLOYERS, STARTING WITH THE LAST ONE FIRST:

PERIOD	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: _____ TO: _____	_____			_____
FROM: _____ TO: _____	_____			_____
FROM: _____ TO: _____	_____			_____
FROM: _____ TO: _____	_____			_____

REFERENCES:

Give names of 3 people, not related to you, who you've known at least 1 year.

	NAME	ADDRESS	BUSINESS	YRS KNOWN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Applicant's Name _____

Applicants and employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with governmental regulations, including Affirmative Action responsibilities where they apply.

APPLICANT'S STATEMENT

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.

This application for employment shall be considered active for a period of time not to exceed 45 days.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the 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

**Eunice Police Department's Record Information
Release for Criminal Record**

Date: _____

I request and authorize you, the Eunice Police Department, to release and furnish to:

City of Eunice, LA

Any and all information in your record or files, or within your knowledge, concerning my criminal record.

I authorize the investigation in all statements concerning me and release all person(s) from all liability and damages that may result from furnishing any information concerning me.

I understand the information stated below is for processing by the authorized law enforcement agency, Eunice Police Department.

Signature: _____

Name: _____ (printed)

Other Names used: _____ (maiden names, etc)

Address: _____ **City/State:** _____

Date of Birth: _____ **Race:** _____ **Sex:** _____

Social Security Number: _____

Name of Charge	Date of Charge
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: All dispositions of misdemeanor charges can be obtained from Eunice City Court and all disposition Felony charges can be obtained from the 27th Judicial District Court in Opelousas.

The response to this request for Criminal Record Check is based on a review of the **Eunice Police Department's Database ONLY**. This **DOES NOT** preclude the existence of a record in another local agency such as **Eunice City Court; Eunice City Marshal's Office; St. Landry Parish Sheriff's Office; the Louisiana State Police, or the FBI Identification Division.**