

APPLICATION FOR EMPLOYMENT

The Greater Lafourche Port Commission does not unlawfully discriminate on the basis of race, color, religion, sex, national origin, age, veteran status or disability. No question on this application is intended to secure information to be used for such discrimination. Applicants who desire accommodation in completing the pre-employment questionnaire are invited to discuss their needs with the Human Resource Analyst.

Position applied for _____ Date of Application _____

This application will remain active only for the duration of this job opening. After that time a new application must be completed.

Name: _____				
_____	_____	_____	_____	
Last	First	Middle		
Mailing Address _____				
_____	_____	_____	_____	_____
Street		City	State	Zip
Telephone _____		Social Security No. _____ - _____ - _____		
FAX # _____		E-Mail _____		

Please list any periods during which you were previously employed by a state agency. _____

If necessary, what is the best time to call you at home? _____

May we call you at work? Yes No N/A

If yes, the number is _____ and the best time to call is _____.

Are you over age 18? Yes No If No, state your age _____

Note: This is requested for the purpose of obtaining a work permit and compliance with the Drug & Alcohol Policy.

Are you legally entitled to work in the United States? Yes No

Note: Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a crime? Yes No

Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

If yes, please explain when, where, and disposition of the offense. _____

Do you possess a valid driver's license? Yes No

Have you ever been fired from a job or resigned to avoid dismissal? Yes No

If yes, please provide the name and address of employer and reason for separation.

EMPLOYMENT EXPERIENCE

Start with your current or last job. Include military service assignments and volunteer jobs especially if you have had very limited work experience. Use the insert sheet provided if necessary to show complete employment history.

1	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title				
	Supervisor		Hourly Rate/Salary		
			Starting	Final	
	Reason for Leaving				
	May we contact for reference ____ Yes ____ No				
2	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title				
	Supervisor		Hourly Rate/Salary		
			Starting	Final	
	Reason for Leaving				
	May we contact for reference ____ Yes ____ No				
3	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title				
	Supervisor		Hourly Rate/Salary		
			Starting	Final	
	Reason for Leaving				
	May we contact for reference ____ Yes ____ No				

REFERENCES

List below any other references which are job related but not an employer or supervisor.	
Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

EMPLOYMENT EXPERIENCE CONTINUED

Use if needed to provide complete employment history.

4	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title				
	Supervisor		Hourly Rate/Salary		
			Starting	Final	
	Reason for Leaving				
May we contact for reference ____ Yes ____ No					
5	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title				
	Supervisor		Hourly Rate/Salary		
			Starting	Final	
	Reason for Leaving				
May we contact for reference ____ Yes ____ No					
6	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title				
	Supervisor		Hourly Rate/Salary		
			Starting	Final	
	Reason for Leaving				
May we contact for reference ____ Yes ____ No					
7	Employer	Telephone	Dates Employed		Work Performed
			From	To	
	Address				
	Job Title				
	Supervisor		Hourly Rate/Salary		
			Starting	Final	
	Reason for Leaving				
May we contact for reference ____ Yes ____ No					

NOTICE TO APPLICANTS:

The Greater Lafourche Port Commission Work Place Drug Testing Policy applies to all commission management, supervisors and employees. Under the terms of the policy, all employees are subject to random selection for testing.

Compliance with this policy will be required as a condition of employment. Accordingly, pre-employment tests for the use of illegal drugs and for the improper use of other drugs may be administered as a pre-requisite condition prior to the hiring of all persons the Commission intends to hire. Any applicant for employment who screens positive in a pre-employment screen will not be hired. Further, an applicant's refusal to be tested will be grounds for not hiring. To be considered for hiring, all applicants will be required to sign this Consent and Release Form. Parental consent is required for anyone under age 18.

CONSENT AND RELEASE FORM

I understand that I am required as a condition of my employment to submit a urine sample for chemical analysis or submit to a breathalyzer if requested. The purpose of this is to determine or rule out the presence of illegal or misused substances. I hereby agree to furnish a specimen of my urine and submit to a breathalyzer for such testing.

I understand that all medical information provided by me to the Commission will be classified as confidential, with the exception of the positive or negative drug test results. I hereby authorize the release of that information to appropriate Commission personnel for their use in making an employment decision. I understand that continued positive test results which indicate the presence of a prohibited drug will result in denial or termination of employment.

I further understand that, if hired, I may be subject to random or other testing for drugs and alcohol at the Commission's request and that the successful completion of any such drug/alcohol screening tests shall be a continuing condition of my employment with the Commission.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian (if Applicant is under age 18) _____

APPLICANT'S STATEMENT

I Certify that answers given herein are true and correct without admissions of any kind. I understand that any false or misleading statements or omissions on the application will result in rejection or immediate dismissal. I acknowledge that if employed by the Commission, I am to comply with the rules of the Commission as they have been or from time to time may be explained to me. If employed, I agree that my employment is terminable at the will of the Commission or myself with or without cause or with or without notice and that the Commission's right to terminate employment, with or without cause or notice, cannot be changed by any supervisor or Commission official.

Signature of Applicant _____

APPLICANT DATA RECORD

We are required by law to furnish statistical information on applicants to the federal government. The following information is used for that purpose only. Although we ask you to provide this information, you are **NOT** legally obligated to do so.

RACIAL/ETHNIC BACKGROUND

White American Indian/Alaskan Native
 Black Asian/Pacific Islander
 Hispanic

SEX

Male
 Female

DATE OF BIRTH / /
 MO. DAY YEAR

Signature

Date