

IBERIA PARISH GOVERNMENT

APPLICATION FOR EMPLOYMENT

(Please Print)

Position Applying For _____ Date _____
Name _____ Social Security No. _____
Address, City, State & Zip _____
Home Phone (_____) Cell Phone (_____)
Person to notify in case of accident or emergency _____

Pursuant the Louisiana Ethics Code: Are you related to the Parish President, any Council Member, or any other person employed by Iberia Parish Government? Yes [] No []
List Relative and Relationship to you: _____

MILITARY SERVICE RECORD
Present Selective Service Classification _____
Did you serve in U.S. Armed Forces? Yes [] No [] Branch _____
Dates of Duty From: _____ To: _____ Rank Entered _____
Rank at Discharge _____
List duties performed, including specialized training _____

Have you ever been convicted of any traffic violations, including speeding violations?
Yes [] No []
Give Details: _____

EDUCATION RECORD

	Name & Location	Date		Graduated		Degree Received or Course Studied
		From	To	Yes	No	
Elementary						
High School						
Technical College						
College						
Other						

Do you speak any foreign language fluently? Yes [] No [] Specify _____
Computer Skills: (Please Circle) Access Excel Lotus Power Point Word Word Perfect
Office machines you can operate skillfully: _____

IMPORTANT: READ CAREFULLY

Job Applicants Authorization To Release Information

I understand that the use of this form does not indicate that there are positions open and does not in any way obligate Iberia Parish Government.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or immediate dismissal. Routine inquiry may be made during our initial or subsequent processing, which will provide applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided.

If employed, I will comply with Iberia Parish Governments rules and regulations. Further, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time, for any reason, without notice. No person other than the Parish President or his designee may modify or amend the provisions stated herein.

I understand that my employment may be conditioned upon a test for drugs and/or alcohol. By signing this application, I hereby agree to submit to such tests and release all persons and companies from any liability arising out of such tests.

I hereby authorize release of any information regarding any criminal convictions that may exist against me, and ask my former employer(s) and all others persons named herein who might have information concerning me to give any information regarding my former employment or any other information they may have regarding me whether or not the same is a matter of record, and I hereby release them and each of them from any liability for any damage whatsoever which I could or might claim because of such disclosure.

I certify that all statements made by me on the Application For Employment are true and complete.

I hereby acknowledge that I have read this form, or this form was read to me, and I understand the above statements.

Signature

Date

Print Name