

City of Ville Platte
Human Resources Division
126 East Main St., P.O. Box 390, Ville Platte, Louisiana 70586
Phone: 337-363-2939 Fax: 337-363-1121 Web: www.vpla.com



APPLICATION - EMPLOYMENT

INSTRUCTIONS: *Please print or type all information.* The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy is of the utmost importance.

Position Applied For: _____ **Social Security Number:** _____

Last Name: _____ First: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____ E-Mail: _____

Please Check Appropriate Response

1. Have you ever worked for the City of Ville Platte?
 Yes No

If yes, please give date(s) of employment. _____

2. Are you a U.S. citizen? Yes No
If no, are you authorized by Immigration and Naturalization to work in the U.S.? Yes No

Alien #A: _____
Admission #: _____

3. Will you work holidays? Yes No
Will you work weekends? Yes No
Will you work night shifts? Yes No

4. Have you ever been fired, forced to resign, or resigned in lieu of termination? Yes No
If yes, please explain below:

Employer's Name: _____ Date: _____

Reason: _____

5. Are you related to a City employee or is any member of your family employed by the City of Ville Platte?
 Yes No If yes, please give the person's:

Name: _____

Relationship: _____

Department: _____

6. Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law?
 Yes No

If yes, please give details below:

Date: _____

Agency: _____

Offense/Charge: _____

Felony Misdemeanor

Outcome: _____

Note: A conviction does not automatically mean you cannot be employed by the City of Ville Platte. The nature of the offense, how long ago it occurred, etc., are given consideration.

Attach additional sheets as needed.

7. Were you in the U. S. Armed Forces?: Yes No

Did you receive an honorable discharge? Yes No

Do you claim veteran's preference? Yes No

Are you eighteen years or older? Yes No

Referred by: _____

DRIVER'S LICENSE INFORMATION

<p>Do you have a valid Driver's License? _____</p> <p>Driver's License Number: _____</p> <p>State: _____ Expiration Date: _____</p> <p>CDL Class: _____</p> <p>Endorsements: _____</p>	<p>Has your license ever been suspended? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Has your license ever been revoked? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, please provide dates and explain:</p> <p>_____</p> <p>_____</p>
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9. PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS (driving under the influence, driving while intoxicated, etc., should be listed under number 6 on page 1).

<p>Date: _____</p> <p>Agency: _____</p> <p>Offense/Charge: _____</p> <p>Points: _____</p> <p>Outcome: _____</p> <p>Date: _____</p> <p>Agency: _____</p> <p>Offense/Charge: _____</p> <p>Points: _____</p> <p>Outcome: _____</p>	<p>Date: _____</p> <p>Agency: _____</p> <p>Offense/Charge: _____</p> <p>Points: _____</p> <p>Outcome: _____</p> <p>Date: _____</p> <p>Agency: _____</p> <p>Offense/Charge: _____</p> <p>Points: _____</p> <p>Outcome: _____</p>
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If you have more than four citations within the last seven years, please attach a separate sheet in the same format.

10. EDUCATION AND SPECIAL TRAINING

Do you have a High School Diploma? Yes No GED? Yes No Date obtained: _____

If not, highest grade completed: _____

Name and location of last High School attended: _____

Name	City	State
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List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below: **Mechanical/Tractor/Backhoe experience:**

Name and Location	Total Hours Completed	Hours required for certification	Course/Subject Taken	Certificates Received

List Colleges and Universities Attended Below:

Name and Location	Credit Hours Received		Did you graduate?		Major/Minor Degree Field of Program of Study	Type of Degree Received
	Sem.	Qtr.	Yes	No		

INSTRUCTIONS: Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and **list a minimum of two (2) employers**. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

(Job 1) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____
Last Salary \$ _____ per _____						May we contact your present employer? <input type="radio"/> Yes <input type="radio"/> No
Specific Duties: _____						

Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 2) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____
Last Salary \$ _____ per _____						
Specific Duties: _____						

Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

NOTE: We may contact previous employers to verify employment information.

Date available for work: _____ **Expected wages/salary: \$** _____ **per** _____

Please read this statement carefully before signing below:

The City of Ville Platte is an Equal Opportunity Employer. Discrimination because of sex, race, color, religion, age or national origin is prohibited. Discrimination because of handicap is prohibited.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the City of Ville Platte is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time.

Copies of Education Documents, Birth Certificate, Photo Identification, and Social Security Card must be submitted upon request prior to employment. All information is subject to investigation and verification.

Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of urine, which may be tested for use of drugs and/or controlled substances. The City of Ville Platte shall require a pre-employment medical examination of all new employees, and review the results, prior to the employee's first day of work. The exam shall include at least the following: X-Ray, drug screening, review of medical history, and other data.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

SIGN YOUR NAME HERE	DATE

NOTES:

- Applicants must provide copies of documents required with application.
Please include your social security number on all documents submitted.

**NOTICE TO APPLICANT OF INTENT
TO OBTAIN A CONSUMER REPORT**

Dear Applicant,

In connection with your application for employment, we would like to procure certain background information concerning you, which is contained in a consumer report. A consumer report may contain information regarding your driving record and/or criminal background.

Before we procure a consumer report, you must authorize such procurement in writing. You have the right to decline authorization for us to procure a consumer report. However, **we will not consider you further for employment if you so decline.** On the bottom of this form, you will find a release, which will allow us to obtain a consumer report. Please read the release carefully before signing it and indicating your choice regarding disclosure.

RELEASE TO PROCURE A CONSUMER REPORT

I have read the "Notice to Applicant of Intent to Obtain Consumer Report."

I understand that I have the right to decline authorization for the City of Ville Platte to procure a consumer report concerning me.

Understanding these rights,

_____ I authorize the City of Ville Platte to procure a consumer report concerning me.

_____ I do not authorize the City of Ville Platte to procure a consumer report concerning me.

NAME (Print Please) _____

SOCIAL SECURITY NUMBER _____

SIGNATURE _____

DATE _____

Note: This application for Employment will be considered active for 90 calendar days.
After 90 calendar days, you must reapply for available positions.



City Hall Human Resources use only Do not write in this area.

() Recommend Employment () Hold for Future Opening () Not Qualified for Opening

Reference notes: _____

() Full Time () Part Time Position: _____ Start Date: _____ Salary: _____

Dept. Mgr. Signature: _____ HR Signature: _____