

# APPLICATION FOR EMPLOYMENT



Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, religion, sex (including pregnancy), disability, age, sickle cell trait, national origin, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alt Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Type: \_\_\_\_\_

Email: \_\_\_\_\_ Application Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Applicant ID #: \_\_\_\_\_

Referral source (e.g., walk-in, job posting, company's website, etc.): \_\_\_\_\_

If necessary, best time to call you: \_\_\_\_\_ : \_\_\_\_\_

Phone type: \_\_\_\_\_  AM  PM

May we contact you at work?  YES  NO

If yes, please leave your work number & best time to contact you:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_  
\_\_\_\_\_ : \_\_\_\_\_  AM  PM

If you are under 18 and it is required, can you furnish a work permit?  N/A  YES  NO

If no, please explain: \_\_\_\_\_

Have you ever applied here before?  YES  NO

If yes, list date(s) and position(s): \_\_\_\_\_

Have you ever been employed here before?  YES  NO

If yes, list date(s): From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Is this application a request for reemployment following a military leave from this company?  YES  NO

If yes, additional information may be requested.

Are you lawfully authorized to work in the United States?  YES  NO

Date available to start work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Desired pay: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Type of employment requested:  FULL-TIME  PART-TIME  
 EDUCATIONAL CO-OP  SEASONAL  TEMPORARY

Will you relocate if the job requires it?  YES  NO

Will you travel if the job requires it?  YES  NO

If they've been explained to you, are you able to meet the attendance requirements of the position?  N/A  YES  NO

Will you work overtime if required?  YES  NO

If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

YES  NO  Need more information about the job's "essential functions" to respond

Driver's license number may be required if driving may be required in the job for which you are applying:

License no.: \_\_\_\_\_ State: \_\_\_\_\_

Applicants must be at least 18 years of age to be employed by the Tangipahoa Communications District #1. Upon entering training, are you prepared to provide proof of age?  YES  NO

Have you entered into an agreement with any former employer or any other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for this company?

If yes, please explain:  YES  NO

AN EQUAL OPPORTUNITY EMPLOYER

## Employment History

Starting with your most recent employer, please provide the following information.

Employer _____	Telephone # _____	Employed from: _____ / _____ to _____ / _____ Month Year Month Year
Street Address _____	City _____	State _____
Starting job title/Final job title _____		
Immediate supervisor and title (for most recent position) _____		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER _____ Email _____		
Why did you leave? _____		
Summarize the type of work performed and job responsibilities. _____		
What did you like most about your position? _____		
What were the things you liked least about the position? _____		

### Compensation (Starting)

<input type="checkbox"/> HOURLY	Amount	Per
<input type="checkbox"/> SALARY	\$ _____	_____
Commission, bonuses, or other:	\$ _____	_____

### Compensation (Final)

<input type="checkbox"/> HOURLY	Amount	Per
<input type="checkbox"/> SALARY	\$ _____	_____
Commission, bonuses, or other:	\$ _____	_____

Employer _____	Telephone # _____	Employed from: _____ / _____ to _____ / _____ Month Year Month Year
Street Address _____	City _____	State _____
Starting job title/Final job title _____		
Immediate supervisor and title (for most recent position) _____		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER _____ Email _____		
Why did you leave? _____		
Summarize the type of work performed and job responsibilities. _____		
What did you like most about your position? _____		
What were the things you liked least about the position? _____		

### Compensation (Starting)

<input type="checkbox"/> HOURLY	Amount	Per
<input type="checkbox"/> SALARY	\$ _____	_____
Commission, bonuses, or other:	\$ _____	_____

### Compensation (Final)

<input type="checkbox"/> HOURLY	Amount	Per
<input type="checkbox"/> SALARY	\$ _____	_____
Commission, bonuses, or other:	\$ _____	_____

Employer _____	Telephone # _____	Employed from: _____ / _____ to _____ / _____ Month Year Month Year
Street Address _____	City _____	State _____
Starting job title/Final job title _____		
Immediate supervisor and title (for most recent position) _____		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER _____ Email _____		
Why did you leave? _____		
Summarize the type of work performed and job responsibilities. _____		
What did you like most about your position? _____		
What were the things you liked least about the position? _____		

### Compensation (Starting)

<input type="checkbox"/> HOURLY	Amount	Per
<input type="checkbox"/> SALARY	\$ _____	_____
Commission, bonuses, or other:	\$ _____	_____

### Compensation (Final)

<input type="checkbox"/> HOURLY	Amount	Per
<input type="checkbox"/> SALARY	\$ _____	_____
Commission, bonuses, or other:	\$ _____	_____

What did you like most about your position?

What were the things you liked least about the position?

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_ Employed from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Starting job title/Final job title \_\_\_\_\_

Immediate supervisor and title (for most recent position) \_\_\_\_\_

May we contact for reference?  YES  NO  LATER \_\_\_\_\_  
Email \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

What did you like most about your position?

What were the things you liked least about the position?

**Compensation (Starting)**

HOURLY Amount \_\_\_\_\_ Per \_\_\_\_\_  
 SALARY \$ \_\_\_\_\_  
Commission, bonuses, or other: \$ \_\_\_\_\_

**Compensation (Final)**

HOURLY Amount \_\_\_\_\_ Per \_\_\_\_\_  
 SALARY \$ \_\_\_\_\_  
Commission, bonuses, or other: \$ \_\_\_\_\_

**Employment History (continued)**

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not addressed on a previous page, have you ever been fired or asked to resign from a job?  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Skills and Qualifications**

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Computer Skills** (Include software titles and level of experience, such as basic, intermediate, or advanced.)

Word Processing \_\_\_\_\_ LEVEL: \_\_\_\_\_  Internet \_\_\_\_\_ LEVEL: \_\_\_\_\_  
 Spreadsheets \_\_\_\_\_ LEVEL: \_\_\_\_\_  Other \_\_\_\_\_ LEVEL: \_\_\_\_\_  
 Presentations \_\_\_\_\_ LEVEL: \_\_\_\_\_  Other \_\_\_\_\_ LEVEL: \_\_\_\_\_  
 Email \_\_\_\_\_ LEVEL: \_\_\_\_\_  Other \_\_\_\_\_ LEVEL: \_\_\_\_\_

## Educational Background

Starting with your most recent school attended, please provide the following information.

School (include city and state)	# of years completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone (XXX) XXX-XXXX	Email	# of Years Known

## Related Information

When answering these questions, please exclude any information that would reveal race, color, ethnicity, religion, sex (including pregnancy), disability, age, sickle cell trait, national origin, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Related Information (continued)**

List any special accomplishments, publications, awards, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any relevant volunteer work. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with the employer's affiliate(s) and third parties engaged by the employer to perform services for the employer. Any personal information shared with an affiliate or third party is to be used solely to perform the services requested by the employer.

**This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, religion, sex (including pregnancy), disability, age, sickle cell trait, national origin, genetic information, or any other protected status under applicable federal, state, or local law.**

**I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_