



TERREBONNE PARISH CONSOLIDATED GOVERNMENT

LOG ID #
(Do not write in the space below)

APPLICATION FOR EMPLOYMENT

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave questions blank.** Be sure to sign when completed. Terrebonne Parish Consolidated Government is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but **each copy must be signed. Resumes will not be accepted in lieu of applications,** unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

NAME _____ Last 4 Digits of SS# _____
(Last) (First) (Middle)

MAILING ADDRESS _____
(Street) (City) (State) (Zip)

PHONE # (____) _____ - _____ EMAIL ADDRESS _____

List exact title of position for which you wish to apply:	Job Vacancy Number	Closing Date

Can you, after employment, submit verification of your legal right to work in the United States? YES NO

Are you at least 18 years of age? YES NO

Have you ever been accused of unlawful discrimination, including sexual harassment? YES NO
(If your answer is "Yes," please attach a separate sheet to explain. An affirmative answer will not necessarily disqualify you.)

Have you ever been convicted of a felony? YES NO
(If your answer is "Yes," please explain below. A conviction may not disqualify you, but a false statement will.)

EDUCATION

(NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certificates and registrations.)

Indicate Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12
Did you graduate from high school or receive GED? YES NO

Type of School	Name & Location of School	Dates Attended	Date Graduated		Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
Undergraduate Colleges or Universities								
Graduate Schools								
Technical, Vocational, or Business Schools								

Date Received _____ Time Received _____ Received By _____

Licenses/Certifications

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as heavy equipment, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Employment Query

Are you presently employed? YES NO If yes, may we contact your present employer? YES NO

Have you ever applied with TPCG before? YES NO

Have you ever been employed by TPCG? YES NO

How were you referred to TPCG?

Advertisement Employee Referral Walk-In Agency Other _____

Driver's License: YES NO If so, type (Personal, Commercial, etc...) _____

Endorsements _____ Expiration Date ____/____/____

Employment History: (Provide detail; do not use "see resume.")

- Start with **current** or last job- include armed forces service and self-employment
- Any change of job title under the same employer should be considered a separate position.
- Employer addresses must be complete, including zip codes

1.	Employer	Telephone No.	Supervisor's Name	
	Type of Business	Address		
Your Job Title	Dates Employed (indicated months & years)		Average Hours Worked Per Week	
		From:	To:	
Duties:				
Base Rate of Pay		Reason For Leaving		
Start: Final:				

2.	Employer	Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicated months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Base Rate of Pay Start: _____ Final: _____		Reason For Leaving	

3.	Employer	Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicated months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Base Rate of Pay Start: _____ Final: _____		Reason For Leaving	

4.	Employer	Telephone No.	Supervisor's Name
Type of Business		Address	
Your Job Title		Dates Employed (indicated months & years) From: _____ To: _____	Average Hours Worked Per Week
Duties:			
Base Rate of Pay Start: _____ Final: _____		Reason For Leaving	

PRE-EMPLOYMENT CERTIFICATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATED YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I authorize investigation of all statements contained in this application. I understand that falsification, misrepresentation, or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize the Parish to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising there from.
2. If employed by the Parish I will abide by Parish policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.
3. If I am offered employment, I understand and agree that I may be required to undergo a medical examination at the Parish's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such medical examinations to an appropriate Parish representative.
4. If I am offered employment, I give my authorization for the release of my adult criminal history record.
5. If I am offered employment, I give my authorization for pre-employment certification to submit to drug and/ or alcohol testing.
6. I understand and agree that unlawful harassment, whether on the basis of race, color, religion, national origin, sex, age, etc., or any other legally protected characteristic will not be tolerated.

My signature below certifies that I have read and understand the foregoing and to the best of my knowledge and belief, the information on this form is true and correct. My signature below also certifies that I agree to be bound by the term conditions stated in this application. This application contains all the understandings and agreements between me and the Parish concerning the nature of my employment and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Parish. I understand and agree that, except as noted above, no person who is either an agent or employee of the Parish may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

THIS APPLICATION MUST BE SIGNED Sign Here: _____

Applicant's Signature

Date



TERREBONNE PARISH
CONSOLIDATED GOVERNMENT

BOX 6097 P.O. BOX 2768
LOUISIANA 70361 HOUMA, LOUISIANA 70361
868-5050 985-868-3000

*HUMAN RESOURCES DEPARTMENT
8026 MAIN STREET, SUITE 520
HOUMA, LA 70360
PHONE# (985) 873-6474 FAX# (985) 850-4696*

RELEASE FORM FOR REFERENCE CHECK

PAST EMPLOYERS

I authorize Terrebonne Parish Consolidated Government to make inquiries of all my past employers, educational institutions and references concerning my prior employment, including job performance and/or reasons for separation, the verification of my educational background, and personal character. I further authorize all past employers, educational institutions and all other individuals providing references to respond to verbal and written inquiries from Terrebonne Parish Consolidated Government regarding my past employment, including job performance and/or reasons for separation, the verification of my educational background, and personal character.

Applicant's Signature

Date

CURRENT EMPLOYERS

I authorize Terrebonne Parish Consolidated Government to make inquiries of current employers, concerning my existing employment, including job performance. I further authorize all current employers providing references to respond to verbal and written inquiries from Terrebonne Parish Consolidated Government regarding my current employment, including job performance.

Applicant's Signature

Date