

**APPLICATION FOR EMPLOYMENT
 LASALLE COMMUNITY ACTION ASSOCIATION, INC
 825 Hwy 8 Sicily Island, LA. 71368**

We consider applicants for all positions without regard to race, color, religion, sex, origin, age, disability, political affiliation, or belief, and for beneficiaries only, citizenship or participation.

Please Print

Position Applied For		Date of Application		
Last Name		First Name	Middle Initial	
Address	Street	City	State	Zip Code
Telephone Number (s)			Social Security Number	

Circle One

- If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No
- Have you ever filed an application with us before Yes No
 If yes, give date _____
- Have you ever been employed with us before? Yes No
 If yes, give date _____
- Are you currently employed? Yes No
- May we contact your previous employer? Yes No
- On what date would you be available for work? _____
- Are you available to work? **Full Time** **Part Time** **Temporary**
- Are you currently on "lay off" subject to recall? Yes No
- Can you travel if a job requires it? Yes No
- Do you have relatives employed by this Agency? Yes No
- Have you been convicted of a felony with the last seven years? Yes No

If yes, please explain:

Answering yes does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation (s), rehabilitation and position applied for will be taken into account.

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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1. Employer _____ Address _____
Telephone Number _____ Job Title _____
Supervisor _____ Date Started _____ Date Left _____
Job Duties _____
Reason for Leaving _____

2. Employer _____ Address _____
Telephone Number _____ Job Title _____
Supervisor _____ Date Started _____ Date Left _____
Job Duties _____
Reason for Leaving _____

3. Employer _____ Address _____
Telephone Number _____ Job Title _____
Supervisor _____ Date Started _____ Date Left _____
Job Duties _____
Reason for Leaving _____

4. Employer _____ Address _____
Telephone Number _____ Job Title _____
Supervisor _____ Date Started _____ Date Left _____
Job Duties _____
Reason for Leaving _____

5. Employer _____ Address _____
Telephone Number _____ Job Title _____
Supervisor _____ Date Started _____ Date Left _____
Job Duties _____
Reason for Leaving _____

If you need additional space, please continue on a separate sheet of paper

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment and other experience.

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EDUCATION

Are you a high school graduate? _____ Yes _____ No Year Graduated _____

Schools attended other than High school	Course or major studied	Credits or Grade Completed received	Degree or Certificate

Other training you received (for example, special courses, wok training programs, armed forces training.)
 (Please estimate the number of hours).

Indicate a foreign language you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held

REFERENCES

List three persons WHO ARE NOT RELATED TO YOU and who would have knowledge of your qualifications for the position (s) for which you are applying, such as former, coworker, teachers, etc. Do not repeat names of supervisors listed under "Experience."

Name	Business or Home Address	Business or Occupation

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Voluntary Survey

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, political affiliation or belief and for beneficiaries only, citizenship or participation in LCAA/WIA programs.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The information on the Data Record is OPTIONAL. If you choose to volunteer the requested information please note that all Data Records are kept in a CONFIDENTIAL file and are not a part of your Application for Employment of personnel file. PLEASE NOTE YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

CHECK ONE: Male Female

Check all that apply:

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

Check if any of the following are applicable

Vietnam Era Veteran Disabled Veteran Handicapped Individual

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. An applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or incorrect information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview	___ Yes	___ No		
Remarks	_____			

	_____ Interviewer		Date	_____
Employed	___ Yes	___ No	Date of Employment _____	
Job Title:	_____	Hourly Rate/ Salary	_____	Department _____
	By _____			_____
	Name and Title			Date

Notes: _____

