

Employment Application

EQUAL EMPLOYMENT

Applicant are considered without regard to race, color, religion, gender, national origin, age, marital status, veteran status, or presence of non-job related medical condition or disability.

St. John the Baptist Parish Library
2920 New Highway 51
LaPlace, Louisiana 70068
Phone# (985) 652-6857
Fax# (985) 652-3689

Date of Interview (Month/Day/Year)

Applicant Data

How were you referred to us?

Position Applied for:

Last Name:

First Name:

Middle:

Address:

City:

State:

Zip:

Phone:

Mobile/Other:

Email:

Date Available to Start:

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Type of employment desired: ☐ Full Time ☐ Part Time

Please indicate the times you'd be available to work in a typical week. Please note any times of year in which your schedule might be different.

Education	Name & Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Advanced Degree				Y N ☐ ☐	
College				☐ ☐	
Business/Trade / Technical				☐ ☐	
High School				☐ ☐	

Previous Employment (begin with most recent position)

Date of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held ____

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Supervisor: _____

Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Date of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held ____

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Supervisor: _____

Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Date of Employment: From ____ / ____ / ____ To ____ / ____ / ____ Position(s) Held ____

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Supervisor: _____

Title: _____

Responsibilities: _____

Starting Salary and Title: _____

Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for a reference? ☐ Yes ☐ No

Previous Employment (begin with most recent position)

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my previous employment, educational, and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge. This application will expire in ninety days.

Signature: _____ Date: _____

Print Name: