TOWN OF SIMMESPORT



Position applying for:____

EMPLOYEE INFORMATION

Name:Fi		rst Middle							
Telephone:	E-mail:	Alternate Telephone:							
Address:									
Are you able to perform the essential functions of the position with or without accommodations?		If necessary for the job, I am able to: Work overtime ? \Box Yes. \Box No							
		Work overtime ?							
					What is your current age?		Your allows you to drive/haul (check all that apply):		
					I am seeking a full-time position. □ Yes □ No		 ☐ Hazardous Material ☐ Passengers ☐ Tank w/ Hazardous Materials ☐ School E ☐ Double/Triple Trailers 		
I will be able to report to work days after I am hired.		Work the following shifts: (ch		• /					
		Any Day Night Swing Rotatin							
		Split Graveyard	Other:						
			Reason for lea	avina:					
			Reason for lea	aving:					
ay: \$									
er:	Supervisor:	Phone Number:							
nployer name and address:	Position title/duties, skills:		Start Date	End Dat					
		Reason for leaving:		aving:					
ay: \$									
er:	Supervisor:	Phone Number:							
mployer name and address:	Position title/duties, skills:		Start Date	End Dat					
			Reason for lea	aving:					
¢									
ay: \$ er:		Dhara Narahara							
nployer name and address:	Supervisor: Position title/duties, skills:	Phone Number:	Start Date	End Dat					
			Reason for lea	aving:					
				aving.					
ay: \$ er:									
or	Supervisor:	Phone Number:							

EDUCATION									
High School	Institution Name	Years Completed	Field of Study	Gradu	ate or Degree				
College/University									
Business/Technical Additional									
/ additional		MIL I	TARY						
Are you a vataran?									
Are you a veteran? Yes No									
Duty/Specialized Training:									
SKILLS & QUALIFICATIONS									
Other qualifications such as special skills, abilities or honors that should be considered:									
Types of computers, software, and other equipment you are qualified to operate or repair:									
Professional licenses, certifications or registrations :									
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employers attention :									
Typing Speed: words per minute									
		REFER	RENCES						
List two personal ref	erences who are not form	er supervisors.							
Name	Address		Telephone	Occupation	Years Known				
Name	Address		Telephone	Occupation	Years Known				
		CON	TACT						
In case of accident of	case of accident or illness, please contact: Name: Daytime Phone:								
Address:			Relationship:						
	I	NFORMATION TO	D THE APPLICANT						
			n, your personal and employn subsequently hired, you may b						
required to supply your		of authorization t	ecking of your references. If r o work in the United States, ha						
I understand that as an applicant for employment with the Town of Simmesport, the position I am applying for is "at-will". This means that an employee can be terminated for any reason, and without warning, as long as the reason is not illegal.									
	ents in the application are true and agree to the information s		g false information shall be suf	ficient cause for termi	nation or refusal to				

```
Signature of Applicant
```

Date

Equal Employment Opportunity: All employers are required by federal law to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. The information is optional and failure to provide it will have no affect on your application for employment.