## **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:<br>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.<br>□ Yes □ No |  | <ul> <li>☐ Hazardous Material</li> <li>☐ Passengers</li> <li>☐ Tank w/ Hazardous Materials</li> <li>☐ School E</li> <li>☐ Double/Triple Trailers</li> </ul> |  |  |
| 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: \$<br>er:   |   | Dhara Narahara   |                |         |  |  |   |  |  |
| nployer name and address:   | Supervisor:<br>Position title/duties, skills: | Phone Number:  | Start Date     | End Dat |  |  |   |  |  |
|   |   |  | Reason for lea | aving:  |  |  |   |  |  |
|   |   |  |                | aving.  |  |  |   |  |  |
| ay: \$<br>er:   |   |  |                |         |  |  |   |  |  |
| or  | Supervisor:                                   | Phone Number:  |                |         |  |  |   |  |  |

| EDUCATION   |  |                    |  |                         |                      |  |  |  |  |
|---|--|--------------------|--|-------------------------|----------------------|--|--|--|--|
| High School   | Institution Name   | Years<br>Completed | Field of Study   | Gradu                   | ate or Degree        |  |  |  |  |
| College/University  |  |                    |  |                         |                      |  |  |  |  |
| Business/Technical<br>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<br>subsequently hired, you may b      |                         |                      |  |  |  |  |
| required to supply your   |  | of authorization t | ecking of your references. If r<br>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<br>and agree to the information s |                    | g false information shall be suf                                   | ficient cause for termi | nation or refusal to |  |  |  |  |

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Signature of Applicant
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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.