



VERMILION PARISH LIBRARY

PO DRAWER 640 ABBEVILLE, LA 70511
405 E. ST. VICTOR ST. ABBEVILLE, LA 70510
337-893-2674 FAX: 337-898-0526

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sickle cell trait, genetic information, sexual orientation, or any other basis protected by federal, state and/or local law.

(PLEASE PRINT)

Position (s) Applied For:	Date of Application
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PERSONAL INFORMATION

Name _____
Last First Middle

Mailing Address: _____
Address City State Zip Code

Physical Address: _____
Address City State Zip Code

Phone Number :() _____ SOCIAL SECURITY # _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Trade, Business or Correspondence School				
College/Graduate /Professional				
Other (specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities. _____

List any professional, trade, business or civic activities and offices held. *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:)*

State any additional information you feel may be helpful to us in considering your application:

List Computer Skills: _____

References:

1. _____ ()
Name Phone
_____ Address State Zip

2. _____ ()
Name Phone
_____ Address State Zip

3. _____ ()
Name Phone
_____ Address State Zip

EMPLOYMENT EXPERIENCE

Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	

Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	

Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	

Employer		Dates Employed		Work Performed
Address		From:	To:	
Telephone Number(s)		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

- Yes
 No

Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes , give date
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available for work?	
Are you able to travel if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If necessary, best time and way to contact you : # _____	
Time:	
Any reason we cannot contact you:	

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. Any 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant
Date

Note: If you would like to email your application, send it to cbourg@vermilion.lib.la.us