

Pre-Employment Application

The City of Baker considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status in the admission or access to, or treatment, or employment in, its programs or activities.

INSTRUCTIONS

1. DO NOT SUBMIT A RESUME INSTEAD OF THIS APPLICATION.
 2. TYPE OR PRINT CLEARLY.
 3. If you need more space for an answer, you may attach extra sheets. Use 8 ½ x 11 paper, and make sure your name and Social Security number are on each extra sheet.
 4. If you do not answer all questions completely, your application may be rejected or delayed several weeks, and you will miss job opportunities.
 5. YOUR SOCIAL SECURITY NUMBER IS AN ESSENTIAL PIECE OF INFORMATION. APPLICATIONS WITHOUT THIS INFORMATION CANNOT BE PROCESSED.
 6. If appointed, you shall be required to submit satisfactory proof of your identify and/or legal authorization to work in the United States. Failure to submit this proof could prohibit your hiring under Federal Law.
 7. Once submitted, your application and all attachments become the permanent property of the City of Baker. The applicant is responsible for keeping a copy prior to submission to this agency. We cannot make copies of applications.
 8. **INSTRUCTIONS FOR WORK EXPERIENCE** - This section is used to determine whether you qualify for the job(s) for which you have applied. Your education and experience must clearly show that you meet the minimum qualifications established for the job(s).
- DO NOT LEAVE OUT ANY WORK EXPERIENCE** – It is especially important that you fill out the beginning and ending dates and the average number of hours per week worked for each job listed.
- Start with your **MOST RECENT** or **PRESENT** position and work backward, ending with your first job.
 - Give brief but complete descriptions of your MAJOR work duties for each job listed.
 - If volunteer work is listed, fill out all blanks except "Salary".

City of Baker Pre-Employment Application

PLEASE TYPE OR PRINT THE INFORMATION IN INK. PLEASE GIVE COMPLETE AND ACCURATE INFORMATION.

1. Position applied for: _____ Date: _____

2. Name: _____
Last First Middle

3. Address: _____
Number Street Apt. No.

City State Zip

4. Telephone Number: (Home) _____ (Work) _____

5. Social Security No: _____ Drivers Lic. No: _____

- 6. YES NO Are you a citizen of the United States?
- 7. YES NO Are you a registered voter living in the City of Baker?
- 8. YES NO Are you a registered voter in the State of Louisiana?
- 9. YES NO Have you ever been fired from a job or resigned to avoid dismissal?
- 10. YES NO Have you previously worked for the City of Baker?
- 11. YES NO Do you have any relatives working for the City of Baker?
List names: _____
- 12. YES NO May we inquire of your present or past employers concerning your job skills?
- 13. YES NO Have you ever been convicted of a felony?
If "YES" explain: _____
- 14. YES NO Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea? If "Yes" give the law enforcement authority, the offense, date of offense, place, and disposition of case: _____

- 15. YES NO Do you possess a valid driver's license?
- 16. YES NO Do you possess a valid commercial driver's license?
- 17. YES NO Do you have reliable transportation?

18. List any job related licenses or certificates, registrations, or certifications that you have.

Type of License or Certification	Date Certified	Expiration Date	Certifying Agency

19. If you are applying for clerical work, check skills/equipment operated:
 ___ PC ___ Calculator ___ WordPerfect ___ Lotus 1-2-3 Typing WPM ___
 ___ Microsoft Office Applications

Production/Mobile Machinery (list)	Other (list)

20. List other experience, skills, qualifications you may have. _____

21. Have you ever been bonded? YES NO
 If "YES" with what employer(s) _____

EDUCATION AND TRAINING

22. Have you received a high school diploma or equivalency certificate?
 YES Date received: _____
 NO Highest grade completed: _____

23. Business, Trade Schools, Colleges or Universities

	Name & Location of School	Courses of Study	Years Completed	Diploma/Degree
A. List Business Or Trade School				
B. Colleges Or University Graduate or Professional				
C. Other (Specify)				

24. Active Military Service/Veterans Preference

Five points Veteran’s preference is given to Veterans who receive a passing score and were honorably discharged from the U.S. Armed Forces. Ten points preference is given to disabled Veterans with one or more service connected disabilities after presenting proof of the service connected disabilities, and receiving a passing score.

Are you retired from the Service? YES NO

Do you have a service connected disability? YES NO

Military Occupational Specialty: _____

25. How did you learn about us?

Advertisement Friend Walk-in Relative
 Employment Agency Newspaper Employee Other

EXPERIENCE

26. WORK EXPERIENCE – IMPORTANT: Read item #8 of Instruction Page carefully before completing these items. List all jobs and activities including military service, part-time employment, self-employment, and volunteer work. BEGIN with your MOST RECENT or PRESENT job; END with your FIRST job. Give your duties and responsibilities in such detail as to make your qualifications for the job clear.

A. MOST RECENT OR PRESENT JOB

Employer/Company Name	Kind of Business	
Street Address	Your Official Job Title	
City, State & Zip	Beginning Salary \$	Ending Salary \$
Dates of Employment (Mo/Yr) From: _____ To: _____	Reason for leaving:	
Name/Title of your supervisor:	List job titles of employees you directly supervised:	
Name/Title of person who can verify this employment:		
List the major duties involved with this job: _____		

B.

Employer/Company Name	Kind of Business
Street Address	Your Official Job Title
City, State & Zip	Beginning Salary \$ Ending Salary \$
Dates of Employment (Mo/Yr) From: _____ To: _____	Reason for leaving:
Name/Title of your supervisor:	List job titles of employees you directly supervised:
Name/Title of person who can verify this employment:	
List the major duties involved with this job: _____ _____ _____	

C.

Employer/Company Name	Kind of Business
Street Address	Your Official Job Title
City, State & Zip	Beginning Salary \$ Ending Salary \$
Dates of Employment (Mo/Yr) From: _____ To: _____	Reason for leaving:
Name/Title of your supervisor:	List job titles of employees you directly supervised:
Name/Title of person who can verify this employment:	
List the major duties involved with this job: _____ _____ _____	

D.

Employer/Company Name	Kind of Business
Street Address	Your Official Job Title
City, State & Zip	Beginning Salary \$ Ending Salary \$
Dates of Employment (Mo/Yr) From: _____ To: _____	Reason for leaving:
Name/Title of your supervisor:	List job titles of employees you directly supervised:
Name/Title of person who can verify this employment:	
List the major duties involved with this job: _____ _____ _____	

REFERENCES

27. List three persons not related to you who have definite knowledge of your qualifications and skills for the position for which you are applying.

NAME	MAILING ADDRESS	OCCUPATION	PHONE

AUTHORITY TO RELEASE INFORMATION

By signing this application, I consent to the release of information concerning my job capacity and fitness by employers, educational institutions, law enforcement agencies, and other agencies to accredited personnel technicians and other authorized employers of the City of Baker for the purpose of investigation as prescribed by law.

I certify that all statements made in this application are true, complete and correct to the best of knowledge. I realize that any misrepresentation herein may cause my application to be rejected, my name removed from the eligible list, or I may be subject to dismissal from the employment of the City of Baker.

In addition, I also understand that acceptance of any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that after an offer of employment, I will submit to a pre-employment drug screen and that employment with the City of Baker is contingent upon passing the drug screen, according to the City of Baker Substance Abuse Policy. I also understand that a pre-employment physical is required and must be passed with regard to the essential functions of the position applied for.

SIGNATURE

DATE

The following information is collected to complete Equal Opportunity Reports required by law. You ARE NOT LEGALLY OBLIGATED to provide this information.

RACIAL/ETHNIC GROUP:

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

AGE OF BIRTH:

Mo _____ /Day _____ /Year _____

SEX: Male Female