JACKSON PARISH POLICE JURY

500 East Court Street, Room 301 Jonesboro, LA 71251 (318) 259-2361

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran

(PLEASE PRINT) Date of Application: Position Applied For: Middle Name First Name Last Name ZipCity State Mailing Address Zip City State Physical (911) Address Referred By: Telephone Number(s): Work: Home: Are you currently employed? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No Are you prevented from lawfully becoming employed in this Yes □ No country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment) Do you possess a valid driver's license? ☐ Yes ☐ No Do you possess a valid CDL? ☐ Yes ☐ No If yes, what class? Do you have transportation to get to and from work? ☐ Yes ☐ No. Are you currently on layoff status and subject to recall? ☐ Yes ☐ No Are you related to any Police Jury members? ☐ Yes ☐ No Are you related to anyone currently employed by Police Jury? ☐ Yes □ No Have you ever pled "guilty" or "no contest" to, or been convicted of a ☐ Yes ☐ No felony/sexual misconduct within the past 7 years? If yes, please explain_ ☐ Full Time ☐ Part time ☐ Shift Work ☐ Temporary Are you available to work: On what date would you be available for work?

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

<u>Education</u>																		_
•	EI	emer	ntary	Scho	ol			High	Scho	ol	Trade Scho	ool		Colle	ege/U	Inive	rsity	
School Name and Location								1		1						ļ		
Years Completed	4	5	6	7	8		. 9	10	11	12	Completed	Y	N	1	2	3	4	
Describe Course of Study	7								٠.								•	
Describe any specialized	train	ing,	appr	entice	eshij	p or	skill	S										
State any additional infor in considering your appli			ou fe	el ma	y be	he.	lpful	to us										

Work Experience
Start with your present or most recent employer. Include any job-related military service assignments and voluntary activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer:		Employment I	Dates	Work Performed
Address:		Start	End	
		,		
Telephone Numbers(s)		Hourly Rat	e/Salary	
Job Title:	Supervisor:	Starting	Final	
Reason for Leaving:	<u> </u>			
May we contact for refere	ence? 🗆 Yes 🗆	Ν̈́ο		

Employer:	٨	Employment	Dates	Work Performed
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Reason for Leavi	ng:			
May we contact for	or reference?	□ No		

Employer:		Employment I	Dates	Work Performed
Address:		Start	End	
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Telephone Numbers	(s)	Hourly Rat	te/Salary	
Job Title:	Supervisor:	Starting	Final	
Reason for Leaving:				
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Employer:		Employment 1		Work Performed
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Reason for Leaving	<u> </u>			
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Applicant's S	tatement			
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inventigation of	wers given herein are tr all statements contained	in this application	n for employment as	s may be necessary in arriving
an employment	decision. In the event of	of employment, I u	nderstand that false	or misleading information giv also, that I am required to abi
an employment		MOST PROBLEM THE LESS AND	arge. I unucrosame,	also, that I mir rodomon

I,	AUTHORIZE THE JACKSON PARISH
POLICE JURY TO DO A CRIMINAL	HISTORY SEARCH AT ANY
NECESSARY LOCATION FOR EMPL	OYMENT PURPOSES ONLY.
	(Print Name)
	Signature
· · · · · · · · · · · · · · · · · · ·	Date of Birth
	Social Security Number
CHECKED BY:	
DATE	·
Findings	

MVR / CRIMINAL AUTHORIZATION / DISCLOSURE

PLEASE READ CAREFULLY BEFORE SIGNING

I authorize the Jackson Parish Police Jury to obtain motor vehicle record reports and criminal record information for employment purposes. Such employment purposes are limited to my status as a driver for the business related purposes of the Jackson Parish Police Jury.

I understand that upon written request to the Jackson Parish Police Jury, I will be provided with a copy of all motor vehicle record reports and criminal record information through said report.

By signing below, I authorize all government agencies, states departments of motor vehicles, law enforcements agencies, workers' compensation agencies, state and federal courts, and former employers to release requested information they may have about me and release them from any liability from doing so.

A copy of this authorization is as valid as the original.

Signature	Driver's License No.	State
Name (please print)	·	
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Date	<u> </u>	