



ST. MARTIN PARISH GOVERNMENT

301 West Port Street
Post Office Box 9
St. Martinville, LA 70582
(337) 394-2200

NOTICE: Resumes will not be accepted in lieu of this completed form.

Employment Application

PLEASE PRINT LEGIBLY

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Driver's License Number _____ Exp. Date _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you live in St. Martin Parish? YES NO

Have you previously worked for the Parish of St. Martin? YES NO If yes, which department? _____

Do you have a Commercial Driver's License (CDL)? YES NO If yes, which Class? _____

Within the past 5 years have you been discharged from a position because your work or conduct was unsatisfactory? YES NO If yes, explain: _____

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Do you have any physical or mental disability or handicap that may limit your job performance in this position? YES NO If yes, explain: _____

May inquiry be made of your present and /
or past employer concerning your work
records, qualifications, etc. YES NO

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO GED

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

*Please list three **PROFESSIONAL REFERENCES***

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

All applicants are subject to mandatory preemployment screenings which require a medical evaluation and urine/hair specimen testing for illegal drug use.

Signature: _____ Date: _____