



## APPLICATION FOR EMPLOYMENT

LAFOURCHE PARISH DRUG TREATMENT COURT  
POST OFFICE BOX 649  
THIBODAUX, LA 70302

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY LEGALLY PROTECTED STATUS.

\*\*\*\*\*FILL IN APPLICATION COMPLETELY\*\*\*\*\*  
(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
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How did you learn about us?
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Last Name:	First Name:	Middle Initial:	
Street Address:	City:	State:	Zip:
Home Phone:	Driver's License Number:	Social Security Number:	
Mobile Phone:			

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of Citizenship or immigration status required upon employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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: _____		

On what date would you be available for work?	_____
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Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Temporary
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Have you ever been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please explain: _____		

## EMPLOYMENT EXPERIENCE

**Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.**

Employer:	Dates Employed:		Work Performed:
	From:	To:	
Address:	Hourly Rate/Salary:		Reason for Leaving:
Telephone Number:	Start	Final	
Supervisor:	Job Title:		

Employer:	Dates Employed:		Work Performed:
	From:	To:	
Address:	Hourly Rate/Salary:		Reason for Leaving:
Telephone Number:	Start	Final	
Supervisor:	Job Title:		

Employer:	Dates Employed:		Work Performed:
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Telephone Number:	Start	Final	
Supervisor:	Job Title:		

Employer:	Dates Employed:		Work Performed:
	From:	To:	
Address:	Hourly Rate/Salary:		Reason for Leaving:
Telephone Number:	Start	Final	
Supervisor:	Job Title:		

## EDUCATION

	School Name & Location	Course of Study	Years Completed	Diploma/Degree
High School				
College (Undergraduate)				
Graduate/ Professional				
Other (Specify)				

**Describe any specialized training, apprenticeship, skills and extra-curricular activities:**


**Describe any honors you have received:**


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


I am capable of performing the job for which I am applying without accommodations:     Yes     No

If no, list accommodation needed: \_\_\_\_\_

\_\_\_\_\_

## APPLICANT'S STATEMENT

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***PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION***

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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.

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

This application for employment shall be considered active for a period of time not to exceed ninety (90) days. Any applicants wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby acknowledge that any employment relationship with this company 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 this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the 17<sup>th</sup> Judicial District Court specifically acknowledges such changes in writing.

In the event of employment, I understand that I am required to have a pre-employment criminal background check and drug test. I also understand that the criminal background check and drug test data whether failed or passed or whether hired or not, will be considered personal information and will not be disclosed to anyone other than the Lafourche Parish Drug Treatment Court or a Court of Law, after a court order requesting the information is rendered.

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Signature of Applicant

Date