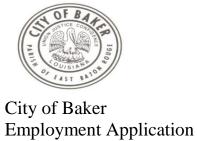


Date:	/	_/

RESUMES ARE NOT ACCEPTED IN LIEU OF APPLICATION

APPLICANT INFORMATION					
Last Name:	First Name:		Middle Name:		
Street Address:					
City:	State:		Zip Code:		
Home Phone #: Mobile #:		E-mail Addre	E-mail Address:		
First Position Applied for:		Second Position Applied for:			
Date Available to Start:		Desired Salary:			
Are you legally eligible to work in the United States? Yes No		Are you 18 years or older? Yes □ No □			
Have you ever worked for the City of Baker? Yes \square No \square		If yes, when?			
Have you ever been convicted of a felony? Yes □ No □		If yes, please explain:			
Do you have any relatives working for the City of Baker? Yes No		If yes, please list:			
Have you ever been fired or asked to resign? Yes □ No □		May we inquire of your past or present employer as it relates to your job skills? Yes □ No □			
Do you possess a valid commercial driver's license? Yes □ No□		Do you possess a valid driver's license? Yes □ No □			
Have you ever been bonded? Yes □ No □		If yes, please name employer:			



EDUCATION/TRAINING

Please list all education beginning with hig	h		
school/GED equivalent.			
Name & Location of School	Course of Study	Years Completed	Diploma/Degree
CERTIFICATIONS, LICENSES, & R	EGISTRATIONS		
Please list all licenses and/or certifications relates to the job in which you are applying			
Type of License or Certification	Date of Certification	Expiration of Certification	Name of Agency
Please list any other experience, skills, or you are applying for:	or qualifications you ma	y have as it relat	es to the position



CLERICAL SKILLS		
Please complete this section if you are applying for	a clerical position, by checkin	g all that applies to your
knowledge of each of the following:		
Computer	Printing Calculator	
Microsoft Office Applications	Typing W. P. M	[.
Have you ever served in the military? Yes \square No \square		
Military Occupational Specialty:		
How did you learn about us?AdvertisementC	Company WebsiteWalk-in	Employee
EXPERIENCE		
Please list past and present work experience including	ng military experience, beginr	ning with present or
most recent employer.		
Employer/Company Name:	Position Title:	
Street Address:	Kind of Business:	
City, State, & Zip:	Beginning Salary:	Ending Salary:
Dates of Employment:	Reason for Leaving:	
From/ To/		
Name/Title of Supervisor:	Name of Contact for Employ	ment Verification:
List the major duties involved with this		
job:		



Ending Salary: yment Verification:
yment Verification:
yment Verification:
yment Verification:
Ending Salary:
yment Verification:



Employer/Company Name:	Position	n Title:	
Street Address:	Kind of	Business:	
City, State, & Zip:	Beginn	ing Salary:	Ending Salary:
Dates of Employment:	Reason	for Leaving:	
From/ To	//_		
Name/Title of Supervisor:	Name o	of Contact for Emp	ployment Verification:
List the major duties involved with	this		
job:			·
REFERENCES			
Please list three professional refere	nces who are not related	to you:	
NAME:	OCCUPATION:	PHON	NE:



Applicant Consent and Release Form (The City of Baker is committed to a drug free work place to protect the safety of workers and the public)

In consideration for employment by the City of Baker in the position of	
I will be performed by Baker Police Department that I am cleared to work.	agree to a background check that nent at 1320 Alabama St., Baker, LA 70714, to ensure
submit to drug testing that will be performe Lane, Baton Rouge, LA 70809, for detectio examination in order to fulfill the essential will be made available to the Human Resou I give permission for all test results to be re Department. I understand that employment offers are concriminal background check. A report include records, and/or motor vehicle record may be I understand that unfavorable background reattempt to affect the test results or test samp	functions of the position. I am aware that the results arces Director or her duly authorized representative. leased to City of Baker Human Resources additional on the results of a medical examination and ding information concerning my criminal or police to obtained for employment purposes at any time. The esults, positive test result, refusal to be tested, or any ole will result in withdrawal of my application for a employment offer I have received from City of
SS#	DOB:
DL#	_ Issuing State:
Applicant Signature	Date
Human Resources Department Signature	Date