



City of Baker  
Employment Application

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 #:	E-mail Address:
Mobile #:	
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 <input type="checkbox"/> No <input type="checkbox"/>	Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for the City of Baker? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Do you have any relatives working for the City of Baker? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list:
Have you ever been fired or asked to resign? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we inquire of your past or present employer as it relates to your job skills? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you possess a valid commercial driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you possess a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please name employer:



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EDUCATION/TRAINING			
Please list all education beginning with high school/GED equivalent.			
Name & Location of School	Course of Study	Years Completed	Diploma/Degree

CERTIFICATIONS, LICENSES, & REGISTRATIONS			
Please list all licenses and/or certifications as it relates to the job in which you are applying for:			
Type of License or Certification	Date of Certification	Expiration of Certification	Name of Agency

Please list any other experience, skills, or qualifications you may have as it relates to the position you are applying for:

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CLERICAL SKILLS	
Please complete this section if you are applying for a clerical position, by checking 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  No

Military Occupational Specialty: \_\_\_\_\_

How did you learn about us? \_\_Advertisement \_\_Company Website \_\_Walk-in \_\_Employee

EXPERIENCE		
Please list past and present work experience including military experience, beginning 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: From ___/___/___ To ___/___/___	Reason for Leaving:	
Name/Title of Supervisor:	Name of Contact for Employment Verification:	
List the major duties involved with this job: _____ _____ _____ _____		



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Employer/Company Name:	Position Title:	
Street Address:	Kind of Business:	
City, State, & Zip:	Beginning Salary:	Ending Salary:
Dates of Employment: From ___/___/___ To ___/___/___	Reason for Leaving:	
Name/Title of Supervisor:	Name of Contact for Employment Verification:	
List the major duties involved with this job: _____		
_____		
_____		
_____		
_____		

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Street Address:	Kind of Business:	
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_____		
_____		
_____		
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List the major duties involved with this job: _____		
_____		
_____		
_____		
_____		

REFERENCES		
Please list three professional references who are not related to you:		
NAME:	OCCUPATION:	PHONE:



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### 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 \_\_\_\_\_ agree to a background check that will be performed by Baker Police Department at 1320 Alabama St., Baker, LA 70714, to ensure that I am cleared to work.

I also hereby understand that as a condition of my employment with the City of Baker agree to submit to drug testing that will be performed by Total Occupational Medicine at 3333 Drusilla Lane, Baton Rouge, LA 70809, for detection of drugs and alcohol, and for a physical examination in order to fulfill the essential functions of the position. I am aware that the results will be made available to the Human Resources Director or her duly authorized representative. I give permission for all test results to be released to City of Baker Human Resources Department.

I understand that employment offers are conditional on the results of a medical examination and criminal background check. A report including information concerning my criminal or police records, and/or motor vehicle record may be obtained for employment purposes at any time. I understand that unfavorable background results, positive test result, refusal to be tested, or any attempt to affect the test results or test sample will result in withdrawal of my application for employment, withdrawal of any provisional employment offer I have received from City of Baker, or termination of employment depending on when results are received.

SS# \_\_\_\_\_ DOB: \_\_\_\_\_

DL# \_\_\_\_\_ Issuing State: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Department Signature

\_\_\_\_\_  
Date