



Employment Application

(Resumes may be attached but are not accepted in lieu of application)

Date: ___ / ___ / ___

How did you learn about us? ___ Advertisement ___ Company Website ___ Walk-in ___ Employee

Position applying for:		Entry- level: (check position if applicable) Firefighter Police Officer	
APPLICANT INFORMATION <i>(Please print or type)</i>			
Last Name:		First Name:	
Middle Name:		Apt#:	
Street Address:		Apt#:	
City:		State:	
Zip Code:		Zip Code:	
Home Phone #: (____) _____ - _____		E-mail Address:	
Cell #: (____) _____ - _____		Race/Gender Information – This information is for statistical purposes only and is voluntary – Applications will not be rejected if this information is not provided. Male Female White/Caucasian Black/African American Hispanic/Latino Am.Indian Asian Other: _____	
SS#: _____ - _____ - _____			
Date of Birth: ___ / ___ / ___			
Driver's Lic#: _____ State _____ Type: Personal ___ CDL ___ Other _____ Expiration Date: ___ / ___ / ___			
Date Available to Start: ___ / ___ / ___		Desired Salary: \$ _____/hourly	
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 No		If yes, when?	
Have you ever been fired or asked to resign? Yes No		If yes, please explain, use reverse side if necessary:	
Have you ever been convicted of a felony? Yes No		If yes, please explain, use reverse side if necessary:	
Have you ever been convicted of a misdemeanor during the last 3 years? Yes No		If yes, please explain, use reverse side if necessary:	
Do you have any relatives working for the City of Baker? Yes No		If yes, please list:	
Have you ever been bonded? Yes No		If yes, please name employer:	



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Have you ever served in the military? Yes No

Military Occupational Specialty: _____

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:

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.



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WORK EXPERIENCE – List most recent job first		
Employer/Company Name:	Position Title:	FT PT
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: _____ _____ _____ _____		
Employer/Company Name:	Position Title:	FT PT
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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List the major duties involved with this job: _____ _____ _____ _____			

Employer/Company Name:	Position Title:	FT	PT
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: _____ _____ _____ _____			

REFERENCES

Please list three professional references who are not related to you:

NAME:	OCCUPATION:	PHONE:



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Applicant Acknowledgment, Consent and Release Form

(The City of Baker is committed to a drug free workplace to protect the safety of workers and the public)

I _____ agree to a criminal 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 Fast Lane or Lane Regional Medical Center, Zachary, LA 70791, for detection of drugs and alcohol, and for a physical examination in order to fulfill the essential functions of the position.

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.

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law and I consent to the release of information concerning my capacity and fitness by former employers, educational institutions, law enforcement agencies and other individuals and agencies to duly accredited investigators, Civil Service board members and other authorized employees of the Government for that purpose. I give permission for all test results to be released to City of Baker Human Resources Department.

I certify that the answers I have given to all questions in this application are true to the best of my knowledge. I understand that any misrepresentation herein may cause my application to be rejected, my name removed from any eligible list and/or may subject me to dismissal from employment.

_____/_____/_____
Applicant Signature (*A typed name will substitute for a handwritten signature*) **Date**

HR USE ONLY

Drug Test: ___ Negative ___ Positive * **Background Check:** ___ Favorable ___ Unfavorable

_____/_____/_____
HR Department Signature Date