TOWN OF WOODWORTH

POST OFFICE BOX 228
WOODWORTH, LOUISIANA 71485
(318) 442-1198 • Fax (318) 487-6110

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT ANSWERS COMPLETELY AND ACCURATELY

TYPE OF WORK DESIRED
1.
2.
SALARY DESIRED
SOCIAL SECURITY NUMBER

NAME (Last, First & Middle) _____ AREA CODE _____ TELEPHONE NUMBER _____

ADDRESS (Number and Street) _____ CITY _____ STATE _____ ZIP CODE _____

NAME(S) AND RELATIONSHIP OF RELATIVES WORKING FOR _____

HAVE YOU BEEN CONVICTED OF ANY FELONY OFFENSE WITHIN THE LAST FIVE (5) YEARS WHICH IS RELATED TO THE POSITION YOU ARE APPLYING FOR? YES ◯ NO ◉ IF YES, PLEASE GIVE DATE, PLACE, CHARGE AND DISPOSITION OF CASE: _____

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EDUCATION AND TRAINING (Circle Last Level of Education Completed)

ELEMENTARY AND HIGH SCHOOL ☐☐☐☐☐☐☐☐☐☐☐☐	COLLEGE OR UNIVERSITY ☐☐☐☐	GRADUATE SCHOOL ☐☐☐☐	
NAME OF SCHOOL	CITY AND STATE	MAJOR	DEGREE

TYPING SPEED _____ W.P.M. SHORTHAND SPEED _____ W.P.M. WHEN ARE YOUR AVAILABLE FOR EMPLOYMENT? _____

PREVIOUS EMPLOYMENT HISTORY

PLEASE LIST ALL JOBS YOU HAVE HAD IN THE PAST, REGARDLESS OF DURATION OF TYPE OF WORK. USE ADDITIONAL SHEETS AS NECESSARY.

NAME OF LAST OR PRESENT EMPLOYER _____

ADDRESS _____
Number and Street City State Zip Code

DATE HIRED _____ DATE LEFT _____ SUPERVISOR _____

TITLE OF POSITION _____

DESCRIPTION OF WORK _____

SALARY _____ HOURLY ☐ WEEKLY ☐ MONTHLY ☐ YEARLY ☐

REASON FOR LEAVING OR CONSIDERING LEAVING _____

2nd LAST EMPLOYER _____

ADDRESS _____
Number and Street City State Zip Code

DATE HIRED _____ DATE LEFT _____ SUPERVISOR _____

TITLE OF POSITION _____

DESCRIPTION OF WORK _____

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SALARY _____ REASON FOR LEAVING _____

3rd LAST EMPLOYER _____

ADDRESS _____
Number and Street City State Zip Code

DATE HIRED _____ DATE LEFT _____ SUPERVISOR _____

TITLE OF POSITION _____

DESCRIPTION OF WORK _____

SALARY _____ REASON FOR LEAVING _____

I hereby represent that each answer to a question herein and all other information otherwise furnished is true and correct. I further represent that such answers and information constitutes a full and complete disclosure of my knowledge with respect to the question or subject to which the answer or information relates. I understand that any incorrect, incomplete, or false statement or information furnished by me will subject me to discharge at any time. In the event I am employed by _____ I agree to comply with all of its orders, rules and regulations.

DATE _____ APPLICANT'S SIGNATURE _____

DO NOT WRITE BELOW THIS AREA

AUTHORIZATION TO HIRE

REQ. NO. _____ DEPARTMENT _____ STARTING DATE _____

CLASSIFICATION _____ STARTING RATE _____ PER _____

HOURS _____ SUPERVISOR _____

FOR PERSONNEL DEPARTMENT USE ONLY

R/S CODE _____ M/S CODE _____ DATE OF BIRTH _____
MONTH DAY YEAR

IN CASE OF EMERGENCY NOTIFY: _____
RELATIONSHIP NAME

ADDRESS AREA CODE - TELEPHONE NUMBER

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NO.	AGE	SEX	RACE

Present Address: No. and St. _____ City _____ State _____

Name of Last Employer _____ City _____ State _____

MEDICAL HISTORY — DO YOU HAVE OR HAVE YOU HAD: (Please check EACH of the following either) YES or NO

	YES	NO		YES	NO		YES	NO
Eye Trouble	○	◉	Nausea and Vomiting	◉	○	Tumor or Cancer	○	◉
Ear Trouble	○	◉	Epilepsy or Fits	◉	○	Tuberculosis	○	◉
Dizzy or Fainting Spells	○	◉	Swollen or Painful Joints	○	◉	An Operation	○	◉
High or Low Blood Pressure	○	◉	Hernia or Rupture	○	◉	Have you been to a Doctor		
Coughing of Blood	○	◉	Kidney Trouble	○	◉	During the past year?	○	◉
Asthma or Hay Fever	○	◉	Diabetes	○	◉	Arthritis	○	◉
Heart Trouble	○	◉	Broken Bones	○	◉	Allergic Condition	○	◉
Are you pregnant	○	◉	Skin Rash	○	◉			

Have you ever received treatment for a back condition or back injury? ○ ◉ (Yes or No)

Do you now or have you ever suffered from aches or pains of the back? ○ ◉ (Yes or No)

Do you have any physical disabilities or handicaps? _____ Is it military service connected? _____

Is it occupation connected? _____. Do you receive a disability pension? _____

Have you ever received a disability rating under a Workmen's Compensation Act of any state? _____

If so, what percentage? _____

EACH QUESTION ANSWERED YES IS TO BE FULLY AND ACCURATELY EXPLAINED ON REVERSE SIDE.

I certify the above answers to be true and correct. I understand that any false or misleading statements to these questions may be reason for denial of benefits under the Louisiana Workmen's Compensation Act.

_____ Witness:

_____ APPLICANT'S SIGNATURE

_____ DATE

NOTE: If applicant is unable to read and write, he is to make his mark in the place provided for his signature. The witness is to certify that he has read the above requested information to the applicant and that the answers are those of the applicant. Sign in the space for Witness to certify.