

Application for Employment

# WARE YOUTH CENTER

Route 1, Box 6000  
Coushatta, LA 71019

PLEASE TYPE OR PRINT:

|  |  |   |  |   |  |                   |
|--|--|---|--|---|--|-------------------|
| 1. Name<br>First Middle Last   |  |   | 2. Social Security Number  |   | 3. Sex<br><input type="checkbox"/> F <input type="checkbox"/> M  |                   |
| Street Address/P. O. Box   |  |   | 4. Date of Birth<br>Mo. Day Yr.  |   | 5. Race<br>(Voluntary)<br><input type="checkbox"/> White<br><input type="checkbox"/> Black<br><input type="checkbox"/> Other |                   |
| City/Town  |  | State/Zip   | 6. Parish in which you reside  |   |  |                   |
| Home Telephone No.   |  | Office Telephone No.  |  |   |  |                   |
| 7. Position Applied for  |  |   | 8. Do you possess a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no |   |  |                   |
| 9. Employment Conditions<br><input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time  |  | Type of employment sought<br><input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night |  | Chauffeur's License? <input type="checkbox"/> yes <input type="checkbox"/> no |  | Drivers License # |
| 10. Do you now hold or are you a candidate for elective public office? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If yes, give office, city, state. |  |   |  |   |  |                   |
| 11. Have you been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no  |  |   |  |   |  |                   |
| 12. Have you ever been removed from a position or resigned to avoid disciplinary action? <input type="checkbox"/> yes <input type="checkbox"/> no                    |  |   |  |   |  |                   |
| 13. If you answered "yes" to items 11 and or 12, please explain. List the law enforcement agencies, the offense, date of offense, place and sentence.                |  |   |  |   |  |                   |
| VETERAN'S PREFERENCE (Voluntary)   |  |   |  |   |  |                   |
| 14. Have you served in the U.S. Armed Forces? <input type="checkbox"/> yes <input type="checkbox"/> no   |  |   |  |   |  |                   |
| 16. Date entered Active U.S. Services  |  |   |  | 15. Branch of Service   |  |                   |
| 17. Date Discharged  |  |   |  |   |  |                   |
| 18. Have you been discharged from the U.S. Armed Forces under less than Honorable conditions? <input type="checkbox"/> yes <input type="checkbox"/> no               |  |   |  |   |  |                   |
| If yes to item 18, please explain.   |  |   |  |   |  |                   |
|  |  |   |  |   |  |                   |
|  |  |   |  |   |  |                   |

19. Instructions for work experience - All Applicants, Please Read.

- A. Start with your present job and work back. If you hold different jobs with same employer, treat each separately.
- B. Give brief, but complete descriptions of your duties for each job listed.
- C. If you cannot list all your jobs on this form, please use a "supplemental sheet" or a blank sheet of paper.
- D. When volunteer work is listed, fill out all blocks except salary.

**EMPLOYMENT DATA: Begin with most recent employer**

|  |       |                    |                       |            |         |
|--|-------|--------------------|-----------------------|------------|---------|
| Company Name                                   |       | Employed from      |                       | Mo.-Yr.    | Mo.-Yr. |
| Street Address                                 |       | Salary or Earnings | Start                 | To Finish  |         |
| City   | State | Zip Code           | Telephone (Area Code) |            |         |
| Name and title of Immediate Supervisor         |       |                    |                       | Your title |         |
| Description of duties:                         |       |                    |                       |            |         |
|  |       |                    |                       |            |         |
|  |       |                    |                       |            |         |
|  |       |                    |                       |            |         |
| Reason for terminating or considering a change |       |                    |                       |            |         |

|  |       |                    |                       |            |         |
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| City   | State | Zip Code           | Telephone (Area Code) |            |         |
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| Description of duties:                         |       |                    |                       |            |         |
|  |       |                    |                       |            |         |
|  |       |                    |                       |            |         |
|  |       |                    |                       |            |         |
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|  |       |                    |                       |            |         |
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| City   | State | Zip Code           | Telephone (Area Code) |            |         |
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|  |       |                    |                       |            |         |
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