

## Application for Employment

# WARE YOUTH CENTER

3565 Highway 71  
Coushatta, LA 71019

**PLEASE TYPE OR PRINT:**

1. Name First Middle Last			2. Social Security Number		3. Sex <input type="checkbox"/> F <input type="checkbox"/> M	
Street Address/P. O. Box				4. Date of Birth Mo. Day Yr.		
City/Town		State/Zip		5. Parish in which you reside		
Home Telephone No.			Office Telephone No.			
6. Position Applied for				7. Do you possess a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no		
8. Employment Conditions <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		Type of employment sought <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 #		
9. Do you now hold or are you a candidate for elective public office? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, give office, city, state.						
10. Have you been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no						
11. Have you ever been removed from a position or resigned to avoid disciplinary action? <input type="checkbox"/> yes <input type="checkbox"/> no						
12. 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.						
<b>VETERAN'S PREFERENCE (Voluntary)</b>						
13. Have you served in the U.S. Armed Forces? <input type="checkbox"/> yes <input type="checkbox"/> no						
14. Date entered Active U.S. Services				15. Branch of Service		
16. Date Discharged						
17. 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.						

**18. 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	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					

Company Name		Employed from		Mo.-Yr.	Mo.-Yr.
Street Address		Salary or Earnings	Start	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					

Company Name		Employed from		Mo.-Yr.	Mo.-Yr.
Street Address		Salary or Earnings	Start	Finish To	
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					

Company Name		Employed from		Mo.-Yr.	Mo.-Yr.
Street Address		Salary or Earnings	Start	Finish To	
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					

Company Name		Employed from		Mo.-Yr.	Mo.-Yr.
Street Address		Salary or Earnings	Start	Finish To	
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					

**EDUCATION**

Received diploma from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Where?
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**COLLEGE AND OTHER SCHOOLS ATTENDED**

	Years	Degree Received	Major Field

**REFERENCES**

List three, use full names, do not give former employers or relatives.

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Name	Telephone #	Occupation	Years Known
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Name	Telephone #	Occupation	Years Known
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Name	Telephone #	Occupation	Years Known
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The information given here is true and correct to the best of my knowledge. I authorize a full investigation of this application and give my permission for you to contact my references, previous employers and schools attended as recorded on this application. Any misrepresentation may cause my application to be rejected.

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Applicants Signature	Date
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