

GREATER LAFOURCHE PORT COMMISSION APPLICATION FOR EMPLOYMENT

The Greater Lafourche Port Commission does not unlawfully discriminate on the basis of race, color, religion, sex, national origin, age, veteran status or disability. No question on this application is intended to secure information to be used for such discrimination. Applicants who desire accommodation in completing the pre-employment questionnaire are invited to discuss their needs with the Human Resource Analyst.

POSITION APPLYING FOR

Job Title: _____ Date of Application: _____

This application will remain active only for the duration of this job opening. After that time a new application must be completed.

CONTACT INFORMATION

Name	_____	_____	_____	_____
	Last	First	Middle	
Mailing Address	_____	_____	_____	_____
	Street	City	State	Zip
Physical Address	_____	_____	_____	_____
	Street	City	State	Zip
E-Mail	_____	Social Security No.	_____ - _____ - _____	
		(Full # required)		
Contact Phone #	_____	Alternate Contact #	_____	
By which method would you prefer to be notified about application status?				
Please check one of the following options: _____ E-Mail _____ Mail				

OTHER PERSONAL INFORMATION

Are you currently at least 18 years old? _____ Yes _____ No If No, state your age _____

Note: This is requested for the purpose of obtaining a work permit and compliance with the Drug & Alcohol Policy.

Do you possess a valid Driver's License?

_____ Yes, I possess a valid Driver's License _____ No, I do not possess a valid Driver's License

If yes, provide the State and number _____

And Check off classification:

- _____ PERSONAL VEHICLE Driver's License (Class E)
_____ CHAUFFER'S Driver's License (Class D)
_____ COMMERCIAL Driver's License (Class A, B, or C)

ADDITIONAL INFORMATION

Can you, after employment, submit proof of your legal right to work in the United States? (Please check one)

_____ Yes _____ No

Are you currently holding or running for an elective public office: _____ Yes _____ No

Have you ever been fired from a job or resigned to avoid dismissal? _____ Yes _____ No

If "Yes" please explain below. A "Yes" answer will not necessarily bar you from employment.

EDUCATION

High School Name _____ Location _____

Have you received a high school diploma or equivalency certificate? _____ Yes _____ No

Give the name and address of the school, major course of study, and degree achieved after high school:

Undergraduate University _____	Graduate School _____
College Major _____	Area of Study _____
Degree Attained _____	Degree Attained _____
Year _____	Year _____

If degree was not obtained, list hours completed:

Undergraduate Semester Hours Completed	Undergraduate Quarter Hours Completed	Graduate Semester Hours Completed	Graduate Quarter Hours Completed

CERTIFICATES AND LICENSES:

Type	License Number	Issued By	Date Issued	Date Expires

Additional skills including specific computer skills or foreign languages:

WORK HISTORY

Describe your work experience, beginning with your current or most recent job. Include military service, volunteer work, self employment, and part time employment.

1. Name of Present or Last

Employer _____ Supervisor _____
Job Title _____ Work Reference _____
Address _____
Phone _____
From (Month/Year) ____/____/____ To ____/____/____ Hours Per Week _____
Salary _____ No. of Employees Supervised _____

May we contact this employer: ____ Yes ____ No

Job Duties (give details)

Reason for Leaving _____

2. Your Next Most Recent

Employer _____ Supervisor _____
Job Title _____ Work Reference _____
Address _____
Phone _____
From (Month/Year) ____/____/____ To ____/____/____ Hours Per Week _____
Salary _____ No. of Employees Supervised _____

May we contact this employer: ____ Yes ____ No

Job Duties (give details)

Reason for Leaving _____

3. Your Next Most Recent

Employer _____ Supervisor _____
Job Title _____ Work Reference _____
Address _____
Phone _____
From (Month/Year) ____/____/____ To ____/____/____ Hours Per Week _____
Salary _____ No. of Employees Supervised _____

May we contact this employer: ____ Yes ____ No

Job Duties (give details)

Reason for Leaving _____

WORK HISTORY (CONTINUED)

4. Your Next Most Recent

Employer _____ Supervisor _____
Job Title _____ Work Reference _____
Address _____
Phone _____
From (Month/Year) ____/____/____ To ____/____/____ Hours Per Week _____
Salary _____ No. of Employees Supervised _____

May we contact this employer: ____ Yes ____ No

Job Duties (give details)

Reason for Leaving _____

5. Your Next Most Recent

Employer _____ Supervisor _____
Job Title _____ Work Reference _____
Address _____
Phone _____
From (Month/Year) ____/____/____ To ____/____/____ Hours Per Week _____
Salary _____ No. of Employees Supervised _____

May we contact this employer: ____ Yes ____ No

Job Duties (give details)

Reason for Leaving _____

REFERENCES

List below any other references that are not an employer or supervisor.

Name: _____	Phone Number _____
Name: _____	Phone Number _____
Name: _____	Phone Number _____

NOTICE TO APPLICANTS

The Greater Lafourche Port Commission Work Place Drug Testing Policy applies to all commission, management, supervisors, and employees. Under the terms of the policy, all employees are subject to random selection for testing.

Compliance with this policy will be required as a condition of employment. Accordingly, pre-employment tests for the use of illegal drugs and for the improper use of other drugs may be administered as a pre-requisite condition prior to the hiring of all persons the Commission intends to hire. Any applicant for employment who screens positive in a pre-employment screen will not be hired. Further, an applicants' refusal to be tested will be grounds for not hiring. To be considered for hiring, all applicants will be required to sign this Consent and Release Form. Parental consent is required for anyone under the age of 18.

CONSENT AND RELEASE FORM

DRUG TESTING:

I understand that I am required as a condition of my employment to submit a urine sample for chemical analysis or submit to a breathalyzer if requested. The purpose of this is to determine or rule out the presence of illegal or misused substances. I hereby agree to furnish a specimen of my urine and submit to a breathalyzer for such testing.

I understand that all medical information provided by me to the Commission will be classified as confidential, with the exception of the positive or negative drug test results. I hereby authorize the release of that information to appropriate Commission personnel for their use in making an employment decision. I understand that continued positive test results which indicate the presence of a prohibited drug will result in denial or termination of employment.

I further understand that, if hired, I may be subject to random or other testing for drugs and alcohol at the Commission's request and that the successful completion of any such drug/alcohol screening tests shall be a continuing condition of my employment with the Commission.

DRIVING INFORMATION:

In connection with my employment (or my application for employment), I hereby give permission to the Greater Lafourche Port Commission (hereinafter referred to as "Employer"), to obtain my state driving record (also known as my Motor Vehicle Record or MVR). I acknowledge and understand that my driving record is a consumer report that contains public record information. I authorize without reservation, any party or agency contacted by Employer to furnish the above mentioned information. I understand that I have the right to request a copy of my driving record and to know the source or sources of my driving record. This authorization shall remain on file by Employer for the duration of my employment and will serve as an ongoing authorization for Employer to procure my state driving record at any time during my employment period. I understand that Employer may take adverse action affecting my employment based on information in my driving record. If such adverse action is taken, I acknowledge that my rights are as follows:

- Employer must notify me in writing of any such adverse action.
- I have the right to receive a copy of the driving record upon which the adverse action was based.
- I have the right to receive a summary of my rights under the Fair Credit Reporting Act. I have the right to know the name, address, and telephone number of the consumer reporting agency that provided my driving record to Employer.
- I have the right to obtain a free copy of my driving record from the agency that provided it-if such a request is made within 60 days from the date that Employer took adverse action.
- I have the right to dispute that accuracy of completeness of my driving record with the consumer reporting agency that provided it and to request that errors be corrected.

GENERAL INFORMATION:

I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, human resources staff, and other authorized employees of the Greater Lafourche Port Commission for the purpose of determining my eligibility and suitability for employment.

Signature of Applicant _____ Date _____

Signature of Parent or Guardian (If Applicant is under age 18) _____

APPLICANT'S STATEMENT

I have read the statements above carefully, and I certify that answers given herein are true and correct without admissions of any kind. I understand that any false or misleading statements or omissions on the application will result in rejection or immediate dismissal. I acknowledge that if employed by the Commission, I am to comply with the rules of the Commission as they have been or from time to time may be explained to me. If employed, I agree that my employment is terminable at the will of the Commission or myself with or without cause or with or without notice and that the Commission's right to terminate employment, with or without cause or notice, cannot be changed by any supervisor or Commission official.

Signature of Applicant _____ Today's date _____

APPLICANT DATA RECORD

The State of Louisiana requests the information below so we may comply with federal Equal Employment Opportunity law requirements. **The information is strictly voluntary and in no way influences employment prospects.**

Gender: Male Female Decline to state

Ethnicity: Hispanic or Latino Non-Hispanic or Non Latino Decline to state

Race: White/Caucasian Asian American Indian/Alaskan Native

Black or African American Native Hawaiian or other Pacific Islander

2 or more races Decline to state

Date of Birth: (Month/Day/Year) _____/_____/_____ Decline to state