

EXPERIENCE & EMPLOYMENT HISTORY

1. Give complete information for all jobs held during the past 10 years.
2. Show your **Present or Most Recent** job first.
3. Verifiable voluntary experience may be considered, if job-related.
4. Attach additional sheets if more space is needed.
5. If you were employed under another name, please indicate in "REASON FOR LEAVING" section.
6. Explain all significant gaps in work history (i.e. greater than 12 months).

RESUME MAY BE ATTACHED BUT WILL **NOT** BE ACCEPTABLE AS A SUBSTITUTE FOR COMPLETING THIS SECTION
 NOTE: OMISSION OF ANY JOB MAY BE CAUSE FOR TERMINATION

NAME AND ADDRESS OF EMPLOYER:					
SUPERVISOR NAME:		CURRENT PHONE:		MAY WE CONTACT? Yes No	
DATES EMPLOYED Month/Year FROM: Month/Year TO:		JOB TITLE:			
TOTAL MONTHS:		HOURS PER WEEK:			
SALARY: \$ _____		DUTIES:			
PER: ___ HOUR ___ MO. ___ YR.					
REASON FOR LEAVING:					
NAME AND ADDRESS OF EMPLOYER:					
SUPERVISOR NAME:		CURRENT PHONE:		MAY WE CONTACT? Yes No	
DATES EMPLOYED Month/Year FROM: Month/Year TO:		JOB TITLE:			
TOTAL MONTHS:		HOURS PER WEEK:			
SALARY: \$ _____		DUTIES:			
PER: ___ HOUR ___ MO. ___ YR.					
REASON FOR LEAVING:					
NAME AND ADDRESS OF EMPLOYER:					
SUPERVISOR NAME:		CURRENT PHONE:		MAY WE CONTACT? Yes No	
DATES EMPLOYED Month/Year FROM: Month/Year TO:		JOB TITLE:			
TOTAL MONTHS:		HOURS PER WEEK:			
SALARY: \$ _____		DUTIES:			
PER: ___ HOUR ___ MO. ___ YR.					
REASON FOR LEAVING:					
NAME AND ADDRESS OF EMPLOYER:					
SUPERVISOR NAME:		CURRENT PHONE:		MAY WE CONTACT? Yes No	
DATES EMPLOYED Month/Year FROM: Month/Year TO:		JOB TITLE:			
TOTAL MONTHS:		HOURS PER WEEK:			
SALARY: \$ _____		DUTIES:			
PER: ___ HOUR ___ MO. ___ YR.					
REASON FOR LEAVING:					

EXPERIENCE & EMPLOYMENT HISTORY (CONT'D.)

NAME AND ADDRESS OF EMPLOYER:			
SUPERVISOR:		CURRENT PHONE:	
		MAY WE CONTACT? Yes No	
DATES EMPLOYED Month/Year FROM: Month/Year TO:		JOB TITLE:	
		DUTIES:	
TOTAL MONTHS:	HOURS PER WEEK:		
SALARY: \$ _____			
PER: ___ HOUR ___ MO. ___ YR.			
		REASON FOR LEAVING:	
NAME AND ADDRESS OF EMPLOYER:			
SUPERVISOR NAME:		CURRENT PHONE:	
		MAY WE CONTACT? Yes No	
DATES EMPLOYED Month/Year FROM: Month/Year TO:		JOB TITLE:	
		DUTIES:	
TOTAL MONTHS:	HOURS PER WEEK:		
SALARY: \$ _____			
PER: ___ HOUR ___ MO. ___ YR.			
		REASON FOR LEAVING:	
NAME AND ADDRESS OF EMPLOYER:			
SUPERVISOR NAME:		CURRENT PHONE:	
		MAY WE CONTACT? Yes No	
DATES EMPLOYED Month/Year FROM: Month/Year TO:		JOB TITLE:	
		DUTIES:	
TOTAL MONTHS:	HOURS PER WEEK:		
SALARY: \$ _____			
PER: ___ HOUR ___ MO. ___ YR.			
		REASON FOR LEAVING:	

AWARDS & RECOGNITION

Please list any awards or recognition you have received related to your work experience:

REFERENCES

List three people who have knowledge of your competence in the field for which you are applying whom we may contact.

Name	Title / Company	Phone	Relationship to you

ADDITIONAL INFORMATION

Please tell us anything else you believe will help us evaluate your skills and qualifications for this position:

CONVICTIONS

A YES answer to these questions is not an automatic bar to employment; each case is considered individually.

Have you ever been convicted of a felony or misdemeanor? Yes No

List all convictions since your 18th birthday. Include offense, date, time and place or conviction, sentence, date of release from custody and/or probation/parole. Attach a separate sheet if necessary

Have you been convicted of any moving violations in the last 5 years? Yes No If YES, Please explain; attach a separate sheet if necessary if space is not adequate:

AGREEMENT

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I understand that any misstatements or omission of material fact on this application will cause forfeiture on my part of all rights of employment with the City of Lafayette. I further agree to be fingerprinted for a background check, to submit to a complete medical examination by a City physician and to furnish such proof of age and citizenship as may be required. I authorize the City of Lafayette to request inspection of my personnel records maintained at all previous places of employment.

Signature: _____ Date: _____



The City of Lafayette asks all applicants for employment to complete this section in order to comply with the United States Government Equal Opportunity Requirements.

Information will be used for statistical purposes only and be kept separate and confidential.

POSITION APPLIED FOR: _____

YEAR OF BIRTH: _____

SEX: Male Female

RACE / ETHNIC IDENTIFICATION (Please check only one):

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- Filipino
- Native American

Do you believe you are a disabled person as defined by the Rehabilitation Act of 1973?

Yes No If YES, please explain:

If you require special interview arrangements, please let us know when we contact you and reasonable effort will be made to accommodate you.

HOW DID YOU FIND OUT ABOUT THIS JOB?

(check one or more)

- City Employee
- Friend or Relative
- Job Announcement / Publication (Name): _____
- Newspaper (Name): _____
- Internet (Website): _____
- Other (please specify): _____