

Acadiana Technical College
1101 Bertrand Drive, Lafayette, Louisiana 70506

EMPLOYMENT APPLICATION
(An Equal Opportunity Employer)

Thank you for your interest in employment at Acadiana Technical College. Your application will be retained for one year from the date received. Persons offered employment will need to document their eligibility to work in the United States. The application and supporting documents will become the property of Acadiana Technical College. To submit your application: Mail or hand deliver to the address above, attention: Human Resources Department or fax to (337) 262-5986.

Please type or print in ink. If questions are not applicable enter, "N/A", do not leave any questions blank. In order for your application to be considered it must be signed and dated. Resumes are required but are not to be considered a replacement for a completed application.

Last Name	First Name	Middle Name	Maiden Name
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Present Address	City	State	Zip Code
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Home Phone	Work Phone	Cell/Other Phone	Email Address
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Position for which you are applying: _____

Please Answer the Following Questions:

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| Yes | No | Do you possess a valid driver's license? |
| Yes | No | Do you possess a valid commercial driver's license? |
| 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? <i>If yes, please explain.</i> |
- A "YES" answer will not necessarily bar you from state employment.*

If Yes, provide explanation

- | | | |
|-----|----|---|
| Yes | No | Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea to a felony charge? <i>If yes, give the law enforcement authority (city police, sheriff, FBI, etc.) the offense, date of the offense, place and disposition of case):</i> |
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If Yes, provide explanation

If you are a male from the ages of 18 through 25, please answer the following question:

Yes No Are you registered with the Selective Service System or exempted from such registration

Does Not Apply If you are not a male in this age group, check “does not apply”

Education and Training

Name of High School and Date Diploma Received: _____

School/Institution Attended	City, State	Date (From/To)	Degree or Credit Earned	Major

Military Training (Type and Date of Service): _____

Honorable Discharge: Yes No Rank as of Discharge: _____

Licenses and Certification:

List any job-related licenses or certificates that you have (CPA, Registered Nurse, ASE, etc)

Type of Professional License or Certificate (Specify Which One)	Date Originally Licensed/or Certified	Expiration Date	Name and Address of Licensing or Certifying Agency

Work Experience - IMPORTANT: List all job and activities including military service, part-time employment, self-employment, and volunteer work. BEGIN with your FIRST job in Block A and END with your MOST RECENT or PRESENT job.

<p>A.</p> <p>Employer/Company Name:</p> <p>Street Address:</p> <p>City, State, and Zip Code:</p> <p>Dates of Employment:</p> <p>Name, Title, and Phone Number of Your Immediate Supervisor:</p> <p>Name, Title and Phone Number of Person Who Can Verify This Employment:</p> <p>Duties: Please list the major job duties performed:</p>	<p>Kind of Business:</p> <p>Your Official Job Title:</p> <p>Telephone Number:</p> <p>Beginning Salary: Ending Salary:</p>
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AUTHORITY TO RELEASE 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 state government for the purpose of determining my eligibility and suitability for employment.

I certify that all statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected, and/or subject me to dismissal from state service.

I HAVE READ THE STATEMENTS ABOVE CAREFULLY BEFORE SIGNING THIS APPLICATION:

Signature of Applicant: _____

Social Security Number: _____

Date: _____

(For Verification)

**STATE OF LOUISIANA
Acadiana Technical College**

Application EEO Data Form

NOTE: Submission of the information below is VOLUNTARY AND WILL IN NO WAY INFLUENCE EMPLOYMENT PROSPECTS. This information is requested by the Acadiana Technical College Human Resources Office so that we may comply with federal Equal Employment Opportunity Law requirements.

Last Name:	First Name:	Middle Initial:
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Ethnic Origin:

- Hispanic or Latino
- Non-Hispanic or Non-Latino

Race: (Please Check All That Apply)

- | | |
|---|---------------------------|
| White/Caucasian | Asian |
| American Indian / Alaskan Native | Black or African American |
| Native Hawaiian or Other Pacific Islander | Other: _____ |

Gender:

- Male
- Female

How did you find out about this job?

- Acadiana Technical College Website
- Paper Announcement at Agency
- Newspaper Ad
- Word of Mouth
- Other: Please Specify: _____

Decline to state: I have read this form and do not wish to provide the information requested.

*Please return this form to: Acadiana Technical College
Human Resources Department, 1101 Bertrand Drive, Lafayette, LA 70506*