



South Louisiana Community College

320 Devalcourt St., Lafayette, LA 70506

908 Ember Dr., New Iberia, LA 70560

1013 Perret St., Franklin, LA 70538

Date: _____

EMPLOYMENT APPLICATION

Thank you for your interest in employment at the South Louisiana Community College. **Your application will be retained for 90 days from the date received.** You may update your application during that time, and you may be required to provide copies of certificates, transcripts, etc. 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 South Louisiana Community College. To submit: mail to the above address, email: HR@slcc.cc.la.us or fax 337-262-2102.

Type or print in ink the application form completely. If questions are not applicable, enter "N/A". Do not leave questions blank. Application must be signed and dated to be considered. Resumes may also be required but are not to be considered a replacement for a completed application.

Last Name First Name Middle Name Maiden Name or Other Name

Present Address (City, State, Zip Code) Home Phone / Work Phone Email Address

Position for which you are applying: _____

Date Available to Work: _____

EDUCATION

Please list your education, beginning with your highest degree earned.

| School / Institution Attended | City, State | Date (From / To) | Degree Earned | Major |
|-------------------------------|-------------|------------------|---------------|-------|
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Other Education:

Military Training (Type and Dates of Service) _____

Honorable Discharge: Yes No Rank as of Discharge: _____

Are you now a licensed or certified member of a profession or trade? Yes No Type of license or certificate: _____
State, Number, Year: _____

List licenses or certifications that you possess:

Have you ever worked for any agency in the State of Louisiana? Yes No
If yes, is this a direct transfer without a break in service? Yes No

Are you related by blood or marriage to any employee(s) of South Louisiana Community College? Yes No
If yes, list name, dept., and relationship. _____

Only U.S. Citizens or aliens who have legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea? Yes No If yes, list offense(s), year, state and sentence.

Work History

List most recent first

1. Prior Employment: Full-time Part-time If part-time, list average number of hours _____

Employer/Department: _____ Supervisor/Title: _____ Your Job Title: _____

Street Address: _____ City/State: _____ Phone Number: _____ Email Address: _____

Date started: _____ Date left: _____ Beginning Salary: _____ Ending Salary: _____

Your duties: _____

Reason for Leaving: _____

2. Prior Employment: Full-time Part-time If part-time, list average number of hours _____

Employer/Department: _____ Supervisor/Title: _____ Your Job Title: _____

Street Address: _____ City/State: _____ Phone Number: _____ Email Address: _____

Date started: _____ Date left: _____ Beginning Salary: _____ Ending Salary: _____

Your duties: _____

Reason for Leaving: _____

3. Prior Employment: Full-time Part-time If part-time, list average number of hours _____

Employer/Department: _____ Supervisor/Title: _____ Your Job Title: _____

Street Address: _____ City/State: _____ Phone Number: _____ Email Address: _____

Date started: _____ Date left: _____ Beginning Salary: _____ Ending Salary: _____

Your duties: _____

Reason for leaving: _____

Professional Activities

List affiliations with professional or other resource organizations, honors received, publications, lectures, travel, work products, etc., as they may relate to the position to which you are applying. Affiliations which identify your race, ethnicity, gender or religion may be omitted. (if more space is needed, use attachments clearly labeled in the same format.)

PLEASE READ CAREFULLY AND SIGN BELOW:

The information and answers I have included in this application are true and correct to the best of my knowledge. I understand that misrepresenting any information required for this application will result in South Louisiana Community College's rejection of my application, or termination of my employment.

I authorize South Louisiana Community College to investigate my references, work history, and background checks concerning criminal and education issues, or any other matters relating to my suitability for employment. I also authorize my former employers to provide South Louisiana Community College with this information.

I understand that neither filing this application nor being granted an interview will create an employment contract between me and South Louisiana Community College.

Signature (Typed if Electronic)

Date

THANK YOU FOR YOUR INTEREST IN SOUTH LOUISIANA COMMUNITY COLLEGE
SOUTH LOUISIANA COMMUNITY COLLEGE IS AN EQUAL OPPORTUNITY/EQUAL ACCESS EMPLOYER