

Southwest Louisiana AIDS Council
1715 Common Street
Lake Charles, LA 70601-6135
(337) 439-5861

(Please Print)

APPLICATION FOR EMPLOYMENT: Position applied for _____
Minimum Acceptable Salary _____ per _____ Date available for employment _____

Name: _____
Last First Middle

Social Security Number: ___ - ___ - _____

Street Address: _____

City, State, Zip: _____

Home Phone Number: (____) _____ 2nd Phone: (____) _____

Are you 18 or over: _____ Yes _____ No
Are you available for: _____ Full-time _____ Part-time _____ Temporary _____ Mon-Fri only
_____ Weekends _____ Day _____ Evening _____ Overnight

Do you have a valid driver's license? _____ Yes _____ No
Do you have a good driving record? _____ Yes _____ No
Do you have transportation at your disposal? _____ Yes _____ No
Have you ever been convicted of any felony? _____ Yes _____ No
Have you ever worked for this agency before? _____ Yes _____ No
Do you have relatives currently employed by SLAC? _____ Yes _____ No
If yes, name: _____

EDUCATION

a) Highest grade completed: _____
Do you have a high school diploma? _____ Yes _____ No
General Equivalency Diploma? _____ Yes _____ No

b) College/University
Name: _____ Dates Attended _____ to _____
Location: _____ Degree _____ Major _____

c) Graduate School
Name: _____ Dates Attended _____ to _____
Location: _____ Degree _____ Major _____

d) Other Schools attended (business, trade, or military)
Name: _____ Dates Attended _____ to _____
Location: _____ Did you complete course of study? ___ Yes ___ No
If yes, certificate or license received: _____

BUSINESS SKILLS

Can you type? ___ Yes ___ No WPM _____ Computer Skills? _____
Equipment/Programs Used: _____
Can you speak a foreign language? ___ Yes ___ No If yes, which? _____
Business/Community Organizations (include only those which might relate to your position):

Professional License (if applicable): _____ State: _____ Number: _____

(Over)

WORK EXPERIENCE: (List present and past employment beginning with your most recent employment. If additional space is required, please use another sheet of paper.)

a) _____
Employer Name _____ Address _____ Phone Number _____ Type of Business _____
Position _____ From _____ to _____
Salary _____ per _____ Reason for Leaving _____
Duties _____ Supervisor _____

b) _____
Employer Name _____ Address _____ Phone Number _____ Type of Business _____
Position _____ From _____ to _____
Salary _____ per _____ Reason for Leaving _____
Duties _____ Supervisor _____

c) _____
Employer Name _____ Address _____ Phone Number _____ Type of Business _____
Position _____ From _____ to _____
Salary _____ per _____ Reason for Leaving _____
Duties _____ Supervisor _____

May we contact your current employer? ____ Yes ____ No

REFERENCES: Personal and Professional (Do not include relatives)

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

The following statement is part of the application and should be read carefully:

I understand that if employed by Southwest Louisiana AIDS Council (hereafter referred to as SLAC), my acceptance of employment does not constitute an employment contract and no agreement to the contrary, written, stated, or implied, will be recognized unless entered into with the Executive Director of SLAC. I understand that my employment with SLAC shall depend upon satisfactory replies from my references and check of record convictions (if any). I agree to abide by the rules, systems, and policies of SLAC and that while SLAC may have in effect certain personnel procedures and practices, neither the existence of those procedures and practices, nor SLAC's use or failure to use them, creates any obligation between SLAC and myself. I understand that my employment is for no definite period and may be terminated with or without notice at any time, for any reason, by SLAC or myself. I further understand that hours of work will be flexible when deemed necessary by SLAC.

I authorize SLAC to verify any statements made by me on this application and any SLAC form completed by me. I authorize all persons having knowledge of myself or my records to release such information to SLAC. I release those companies and persons and SLAC from any and all liability or claims that may arise by such disclosures or investigations.

I certify that the statements made by me on this application are true, complete, and correct and it is further understood that should any falsification be discovered, it will constitute grounds for non-acceptance or dismissal.

SIGNATURE

DATE

We appreciate the time you have taken to apply for employment with Southwest Louisiana AIDS Council

(Revised 2/06)