



TOWN OF COLUMBIA
7010 HWY 165
P.O. BOX 10
COLUMBIA, LA 71418

OFFICE: 318-649-6174
FAX: 318-649-6174

APPLICATION FOR EMPLOYMENT

Date: _____ SS# _____

NAME _____
(Last) (First) (Middle)

PRESENT ADDRESS _____
(Street) (City) (State) (Zip)

PHONE NUMBER _____

DATE OF BIRTH _____

REFERRED BY _____

EMPLOYMENT DESIRED:

Position _____ Date available for work _____

Salary Desired _____ Are you presently employed? _____

If so, may we contact your present employer? _____

Ever applied to this company before? _____ If so, when? _____

EDUCATION:

Name and Location of School _____ Grades Completed _____ Year Graduated _____

Grammar School _____

High School _____

College _____

List all other schools

Trade, Business or Correspondence: _____

FORMER EMPLOYERS:

Name and Address of Employer Salary Position Reason for Leaving

Date/Month & Year:

From

To: _____

From

To: _____

From

To: _____

REFERENCES: List below the names of three persons not related to you that you have known at least one (1) year.

Name	Address	Business	Years Acquainted
------	---------	----------	------------------

1. _____

2. _____

3. _____

PHYSICAL RECORD: The question below is voluntary and any answers will be kept confidential.

Do you have any physical condition which may limit your ability to perform the job for which you are applying? _____

In case of an emergency please notify the following person:

Name

Address

Phone

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary be terminated at any time without previous notice.

Date: _____

Signature: _____



“This institution is an equal opportunity provider and employer”