

Sabine Parish Tourist & Recreation Commission

Employment Application

Name-First Enter Name – First, Middle, Last	MI	Last	Cell Phone Number Enter Cell Phone Number
Mailing Address Enter Street Address			Home Telephone Number Enter Home Telephone number
City Enter City, State & Zip	State	Zip	Work Number Enter Work number
Social Security Number Enter Social Security Number			Email Address Enter Email Address

Position Applying For:

☐ Office Administrator

Please answer the following questions:

Do you possess a valid Driver's License? Yes ☐ No ☐

Are you currently holding or running for an elective public office? Yes ☐ No ☐

Have you ever been on probation or sentenced to jail or prison as a result of a felony conviction or guilty plea to a felony charge? Yes ☐ No ☐

If yes, give the law enforcement authority (city police, sheriff, FBI, etc.), the offense, date of offense, place, and disposition of case.

Enter information here

Are you a registered voter? Yes ☐ No ☐

Have you ever been fired from a job or resigned to avoid dismissal? Yes ☐ No ☐

If yes, please explain. A yes answer will not necessarily bar you from state employment.

Enter information here

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. If accepted for this position, I will agree to drug screening.

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

SIGNATURE OF APPLICANT: _____

DATE: Enter Date.

TRAINING AND EDUCATION

Have you received a high school diploma or equivalency certificate? Yes ☐ No ☐

If yes, date received Enter date diploma received.

If no, highest grade completed, and date completed Enter highest grade completed & date completed.

List business, vocational, or technical colleges or school attended:	Name/Location of School	Dates Attended (Month & Year) From / To		Did you Graduate? Yes or No	Title of Program	Semester Hours	Clock Hours Per Week
	Enter college name Enter city & state	M/Y	M/Y	Y/N	Program	Hours	Hours
	Enter college name Enter city & state	M/Y	M/Y	Y/N	Program	Hours	Hours
	Enter college name Enter city & state	M/Y	M/Y	Y/N	Program	Hours	Hours

List any Accounting Practice Sets Completed:
Click or tap here to enter text.

List Colleges or Universities Attended (Include Graduate or Professional School)	Name of College or University/City and State	Dates Attended (Month & Year) From/To		Total Credit Hours Earned Semester/Quarter	Type of Degree Earned (BA, MA, etc.)	Major Field of Study	Date Degree Received (Month & Year)
	Enter college name Enter city & state	M/Y	M/Y	M/Y	Degree	Field	M/Y
	Enter college name Enter city & state	M/Y	M/Y	M/Y	Degree	Field	M/Y
	Enter college name Enter city & state	M/Y	M/Y	M/Y	Degree	Field	M/Y

Major Subjects	Chief Undergraduate Subjects (Show Major on Line 1)	Total Credit Hours Earned Semester/Quarter		Chief Graduate Subjects	Total Credit Hours Earned Semester/Quarter	
	M/Y	M/Y	S/Q	M/Y	Hours	S/Q
	M/Y	Hours	S/Q	M/Y	Hours	S/Q
	M/Y	Hours	S/Q	M/Y	Hours	S/Q

Commented [r1]:

WORK EXPERIENCE

IMPORTANT: List all jobs including military service, part-time employment, and self-employment.

Begin with current or most job.

[illegible]

[illegible]

SELF EVALUATION

Rate your proficiency on the following (advanced, moderate, slight):

Facebook Choose an item	Instagram Choose an item	Twitter Choose an item	Pinterest Choose an item	PowerPoint Choose an item	Excel Choose an item.	Word Choose an item.
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COMMUNITY & VOLUNTEER EXPERIENCE

Please use this area to list any experience working with community & political leaders, social media content, grant writing experience, and any volunteer service or community activities you have been involved in.

1	Name of Organization Click or tap here to enter text.	Telephone Number: Click or tap here to enter text.
Street Address: Click or tap here to enter text.		City and State: Click or tap here to enter text.
Comments: Click or tap here to enter text.		
2	Name of Organization Click or tap here to enter text.	Telephone Number: Click or tap here to enter text.
Street Address: Click or tap here to enter text.		City and State: Click or tap here to enter text.
Comments: Click or tap here to enter text.		
3	Name of Organization Click or tap here to enter text.	Telephone Number: Click or tap here to enter text.
Street Address: Click or tap here to enter text.		City and State: Click or tap here to enter text.
Comments: Click or tap here to enter text.		
4	Name of Organization Click or tap here to enter text.	Telephone Number: Click or tap here to enter text.
Street Address: Click or tap here to enter text.		City and State: Click or tap here to enter text.
Comments: Click or tap here to enter text.		

REFERENCES

Please provide two professional references and one personal reference

NAME: Click or tap here to enter text.	
COMPANY: Click or tap here to enter text.	POSITION: Click or tap here to enter text.
ADDRESS: Click or tap here to enter text.	TELEPHONE: Click or tap here to enter text.
EMAIL: Click or tap here to enter text.	

NAME: Click or tap here to enter text.	
COMPANY: Click or tap here to enter text.	POSITION: Click or tap here to enter text.
ADDRESS: Click or tap here to enter text.	TELEPHONE: Click or tap here to enter text.
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