Sabine Parish Tourist & Recreation Commission

Employment Application

Name-First MI Enter Name – First, Middle, Last	Last	Cell Phone Number Enter Cell Phone Number				
Mailing Address Enter Street Address		Home Telephone Number Enter Home Telephone number				
City State Enter City, State & Zip	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 que	estions:					
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 as a result of a felony conviction		9 1				
If yes, give the law enforcement etc.), the offense, date of offense Enter information here	• .	• • • • • • • • • • • • • • • • • • • •				
Are you a registered voter?		Yes □ No □				
Have you ever been fired from a	a job or resign	ned to avoid dismissal? Yes □ No □				
If yes, please explain. A yes anso from state employment. Enter information here	wer will not no	ecessarily bar you				
erformance by employers, educational institution	s, law enforcement ag	e of information concerning my capacity and/or all aspects of prior job gencies, and other individuals and agencies to duly accredited investigators, ernment for the purpose of determining my eligibility and suitability for				
		papers are true and complete to the best of my knowledge. I understand that sted for this position, I will agree to drug screening.				
HAVE READ THE STATEMENTS ABOVE CA	REFULLY BEFORE	SIGNING THIS APPLICATION:				
IGNATURE OF APPLICANT:		DATE: Enter Date.				

TRAINING AND EDUCATION

If yes, date received ${\bf Enter}$ date diploma received.

If no, highest grade completed, and date completed Enter highest grade completed & date completed.								
	Name/Location of School	Dates Attended (Month & Year)		Did you Graduate?	Title of Program	Semester Hours	Clock Hours Per Week	
Ŧ.,		From	/ To	Yes or No	U			
List business, vocational, or technical	Enter college name Enter city & state	M/Y	M/Y	Y/N	Program	Hours	Hours	
colleges or school attended:	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 Ac Click or tap here	ecounting Practice Sets to enter text.	s Comple	eted:					
List Colleges or Universities Attended	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	Rec	Degree eived & Year)
(Include Graduate	Enter college name Enter city & state	M/Y	M/Y	M/Y	Degree	Field	M/Y	
or Professional	Enter college name Enter city & state	M/Y	M/Y	M/Y	Degree	Field	M/Y	
School)	Enter college name Enter city & state	M/Y	M/Y	M/Y	Degree	Field	M/Y	
	Chief Undergraduate Subjects (Show Major on Line 1)	Tota	al Credit H Semester/	ours Earned Quarter	Chief Gradua	ate Subjects	Total Cr Hours E Semester	
Major Subjects	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

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

Commented [r1]:	
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WORK EXPERIENCE

IMPORTANT: List all jobs including military service, part-time employment, and self-employment. Begin with current or most job.

1 Employer/Company Name:			Type of Business:				
-	Company Name			Business			
Addre			Job Title:		Employment:	Average hours	
	Street address				MM/DD/YY	worked per	
	tate and zip	1161	-	To: MN		week:	
City. 3				Hours			
Teleni	hone Number:	Rea	inning Salary:	Ending	Salarv	# of Employees	
_	none number	Sala	•	Salary	Salai y.	you directly	
Гетері	ione number	Juic	у	Suluiy		supervised:	
						Number	
Name	, Title & phone number	οf	Name/Title of person who	can	List Job Titles of		
	supervisor:	01	verify employment:	cuii	Directly Supervis		
	, Title, phone number		Name, Title, phone number	r	Job titles	.cu.	
	,, p		Traine, Traine, priorite training				
D	T		1 1/1 /11 1 1				
	s: List the major duties		ved with this job				
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	or tap here to enter tex	t.					
2	Employer/Company N	lame	:		Business:		
	Company Name			Business			
Addre	ess:	Job	Job Title:		Employment:	Average hours	
Stree	t address	Title		From: MM/DD/YY		worked per	
City. S	tate and zip			To: MM/DD/YY		week:	
						Hours	
Telepl	hone Number:	Beg	inning Salary:	Ending	Salary:	# of Employees	
Teleph	none number	Sala	ıry	Salary		you directly	
						supervised:	
						Number	
	, Title & phone number	of	Name/Title of person who	can	List Job Titles of		
	supervisor:		verify employment:		Directly Supervis	sed:	
Name	, Title, phone number		Name, Title, phone number	er Job titles			
	s: List the major duties		ved with this job				
	Click or tap here to enter text.						
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3 Employer/Company Name: Company Name			Type of Business: Business					
200	ess: at address state and zip	Job Title	Title:	From: MM/DD/YY worked To: MM/DD/YY week: Hours		Hours		
-		_	Beginning Salary: Salary		Ending Salary: Salary		# of Employees you directly supervised: Number	
	, Title & phone num	ber of	Name/Title of p		o can			f Employees You
	supervisor: , Title, phone numbe	r	verify employn Name, Title, ph		er	Directly Job title	y Superv	ised:
Dutie	s: List the major dut	ies invol	ved with this job					
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4	Employer/Compa	ny Nam	e:			~ -	f Busines	s:
	Company Name					Busines		
Addr		Job Tit	le:		of Employ			ge hours worked
	t address	Title			MM/DD/	YY	per we	ek:
	State and zip				M/DD/YY		Hours	
	hone Number: hone number	Beginni Salary	ing Salary:	Ending Salary	g Salary:			nployees you y supervised: _r
Name	, Title & phone num	ber of	Name/Title of p	person wh	o can	List Jo	b Titles o	f Employees You
your s	supervisor:		verify employment:			Directly Supervised:		ised:
Name	, Title, phone numbe	r	Name, Title, ph	one numb	er	Job title	es	
Dutie	s: List the major dut	ies invol	ved with this job			1		
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SELF EVALUATION

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

Facebook	Instagram	Twitter	Pinterest	PowerPoint	Excel	Word
Choose an	Choose an	Choose				
item	item	item	item	item	item.	an item.

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	Telephone Number:			
	Click or tap here to enter text.	Click or tap here to enter text.			
Str	eet Address:	City and State:			
Cli	ck or tap here to enter text.	Click or tap here to enter text.			
	mments: or tap here to enter text.				
2	Name of Organization	Telephone Number:			
	Click or tap here to enter text.	Click or tap here to enter text.			
Str	eet Address:	City and State:			
Cli	ick or tap here to enter text.	Click or tap here to enter text.			
Cor	nments:				
Cli	ck or tap here to enter text.				
3	Name of Organization	Telephone Number:			
	Click or tap here to enter text.	Click or tap here to enter text.			
Str	eet Address:	City and State:			
Cli	ck or tap here to enter text.	Click or tap here to enter text.			
Cor	nments:				
Cli	ck or tap here to enter text.				
4	Name of Organization	Telephone Number:			
	Click or tap here to enter text.	Click or tap here to enter text.			
Str	eet Address:	City and State:			
Cl	ick or tap here to enter text.	Click or tap here to enter text.			
Cor	mments:				
Cli	ck 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:	POSITION:
Click or tap here to enter text.	Click or tap here to enter text.
ADDRESS:	TELEPHONE:
Click or tap here to enter text.	Click or tap here to enter text.
EMAIL:	
Click or tap here to enter text.	

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