Sabine Parish Tourist & Recreation Commission

Employment Application

Name-First M. Last	**Cell Phone Number**
Mailing Address	**Work Telephone Number**
City State Zip	**Home Telephone Number**
Email Address	**Position Applying For:** **_____ Director**
Social Security Number	

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/prison as a result of a felony conviction or guilty plea to a felony charge? If yes, give the law enforcement authority (city police, sheriff, FBI, etc.), the offense, date of offense, place, and disposition of case

_____ _____ Yes _____ No

Are you a registered voter? **_____ Yes _____ No**

Have you ever been fired from a job or resigned to avoid dismissal? If yes, please explain. A yes answer will not necessarily bar you from state employment.

_____ _____ Yes _____ No

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:_____

TRAINING AND EDUCATION

Have you received a high school diploma or equivalency certificate?

_____ Yes _____ Date Received

_____ No _____ Highest grade and 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	No	Title of Program	Semester Hours	Clock Hours Per Week

List any Accounting Practice Sets Completed:_____

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)

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	

IF YOU DO NOT ANSWER ALL QUESTIONS COMPLETELY, YOUR APPLICATION MAY BE REJECTED OR DELAYED SEVERAL WEEKS, AND YOU WILL MISS EMPLOYMENT OPPORTUNITIES.

WORK EXPERIENCE – IMPORTANT: List all jobs including military service, part-time employment, and self-employment. Begin with MOST RECENT OR CURRENT JOB.

A	**Employer/Company Name:**		**Type of Business:**	
Street Address:			**Your Official Job Title:**	
City and State:	**Telephone Number:**		**Beginning Salary:**	**Ending Salary:**
Dates of Employment:(M/D/Y) **From / / To / /**		**Avg. Hrs. Per Week:**	**Reason for Leaving:**	**# of Employees You Directly Supervised:**
Name/Title and Phone Number of Your Supervisor:			**List Job Titles of Employees You Directly Supervised:**	
Name/Title of Person Who Can Verify This Employment:				
Duties: List the major duties involved with job and give an approximate percentage of time spent on each duty.				

% of Time	Major Duties
100%	

B	**Employer/Company Name:**		**Type of Business:**	
Street Address:			**Your Official Job Title:**	
City and State:	**Telephone Number:**		**Beginning Salary:**	**Ending Salary:**
Dates of Employment:(M/D/Y) **From / / To / /**		**Avg. Hrs. Per Week:**	**Reason for Leaving:**	**# of Employees You Directly Supervised:**
Name/Title and Phone Number of Your Supervisor:			**List Job Titles of Employees You Directly Supervised:**	
Name/Title of Person Who Can Verify This Employment:				
Duties: List the major duties involved with job and give an approximate percentage of time spent on each duty.				

% of Time	Major Duties
100%	

C	Employer/Company Name:		Type of Business:	
Street Address:			Your Official Job Title:	
City and State:	Telephone Number:		Beginning Salary:	Ending Salary:
Dates of Employment:(M/D/Y) From / / To / /		Avg. Hrs. Per Week:	Reason for Leaving:	# of Employees You Directly Supervised:
Name/Title and Phone Number of Your Supervisor:			List Job Titles of Employees You Directly Supervised:	
Name/Title of Person Who Can Verify This Employment:				

Duties: List the major duties involved with job and give an approximate percentage of time spent on each duty.

% of Time	Major Duties
100%	

D	Employer/Company Name:		Type of Business:	
Street Address:			Your Official Job Title:	
City and State:	Telephone Number:		Beginning Salary:	Ending Salary:
Dates of Employment:(M/D/Y) From / / To / /		Avg. Hrs. Per Week:	Reason for Leaving:	# of Employees You Directly Supervised:
Name/Title and Phone Number of Your Supervisor:			List Job Titles of Employees You Directly Supervised:	
Name/Title of Person Who Can Verify This Employment:				

Duties: List the major duties involved with job and give an approximate percentage of time spent on each duty.

% of Time	Major Duties
100%	

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

1	**Name of Organization**	**Telephone Number:**
Street Address:		**City and State:**
Comments:		
2	**Name of Organization**	**Telephone Number:**
Street Address:		**City and State:**
Comments:		
3	**Name of Organization**	**Telephone Number:**
Street Address:		**City and State:**
Comments:		
4	**Name of Organization**	**Telephone Number:**
Street Address:		**City and State:**
Comments:		

References

Please provide two professional references and one personal reference

1. Name: _____

Company: _____ **Position:** _____

Address: _____

_____

Email: _____

Telephone Number: _____

2. Name: _____

Company: _____ **Position:** _____

Address: _____

_____

Email: _____

Telephone Number: _____

3. Name: _____

Company: _____ **Position:** _____

Address: _____

_____

Email: _____

Telephone Number: _____

Self-Evaluation

Name: _____

Social Media Knowledge:

Facebook

Advanced	Moderate	Slight

Twitter

Advanced	Moderate	Slight

Instagram

Advanced	Moderate	Slight

Pinterest

Advanced	Moderate	Slight

PowerPoint

Advanced	Moderate	Slight

Excel

Advanced	Moderate	Slight

Word

Advanced	Moderate	Slight