



ST. TAMMANY PARISH
 DEPARTMENT OF FINANCE
 P. O. Box 628
 COVINGTON, LA 70434
 PHONE: (985) 898-2519 OR (985) 646-4082
 FAX: (985) 898-5238
 email: sherrim@stpgov.org

Kevin Davis
Parish President

Name _____ Date: _____
LAST FIRST INITIAL

Address _____
STREET CITY STATE ZIP CODE

Social Security No. _____ Telephone No. _____

Are you legally eligible for employment in the U.S.A.? _____ (If yes, verification will be required)

Position(s) applied for _____ Salary Desired _____

If your application is considered favorable, on what date will you be available for employment?

Would you be willing to accept ___ Temporary, _____ Part Time, _____ Full Time Employment?

Have you ever been convicted of a felony? _____ Yes _____ No

If Yes, please explain. _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED		DID YOU GRADUATE?	COURSE OF STUDY
		FROM	TO		
HIGH SCHOOL					
COLLEGE					
OTHER					

List any skills, special training, experience, professional licenses, certifications or qualifications which may be of benefit in the job for which you are applying _____

Do you possess a C.D.L. Class A License (For field employment only)? _____

Do you possess a Louisiana Drivers License (For field employment only)? _____
 (A PHOTOCOPY MUST BE ATTACHED IN ORDER TO BE CONSIDERED)

