



**ST. TAMMANY PARISH**

**DEPARTMENT OF FINANCE**  
**P. O. Box 628**  
**COVINGTON, LA 70434**  
**PHONE: (985) 898-2519**  
**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)

REFERENCES

NAME	ADDRESS	PHONE

Beginning with your most recent, list present and previous employment.

Company	Address	Employed		Monthly Salary		Supervisor
		From	To	Beginning	Ending	
Telephone:	Duties:					
Job Title:						
Reason for leaving:						

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		From	To	Beginning	Ending	
Telephone:	Duties:					
Job Title:						
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		From	To	Beginning	Ending	
Telephone:	Duties:					
Job Title:						
Reason for leaving:						

I hereby declare that the information provided by me in this Application For Employment is true and correct to the best of my knowledge. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I understand and agree that this employment application, by itself or together with other company documents or policy statements does not create a contract of employment. I also understand that I may voluntarily leave or be terminated at any time for any reason if hired.

\_\_\_\_\_ Signature

ALL APPLICATIONS ARE KEPT ON FILE FOR SIX (6) MONTHS

RETURN ALL APPLICATIONS TO: St. Tammany Parish Government  
 Post Office Box 628  
 Covington, LA 70434  
 Attn: Personnel Department

This application is designed to be completed on line, however it must be printed and either mailed to the Personnel Department at the above address or faxed to (985) 898-3070. Emailed applications will not be accepted!
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