

JOB APPLICATION

GARY T. STANGA, TANGIPAHOA CLERK OF COURT

Employment in the Clerk of Court's office is an "Employment-At-Will" relationship.



Prerequisite: Applicant must have high school diploma or the equivalency.

| APPLICANT INFORMATION | | | | | | | | | | | |
|---|--|------------------------------|---------------------|-----------------------------|--------------|--|-----------------------------|------------------------------------|------------------------------|--------------------------------|-----------------------------|
| Last Name | | | First | | | M.I. | | Maiden | | | |
| Street Address | | | | | | Apartment/Unit # | | | | | |
| City | | | | State | | | | ZIP | | | |
| Phone | | | E-mail Address | | | | | | | | |
| Date Available | | | Social Security No. | | | Desired Salary | | | | | |
| Position Applied for | | | | | | Full Time <input type="checkbox"/> | | Part Time <input type="checkbox"/> | | Other <input type="checkbox"/> | |
| Are you a citizen of the United States? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If no, are you authorized to work in the U.S.? | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> |
| Have you ever worked for this company? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If so, when? | | | | | |
| Spouses Name/Number: | | | | | | Emergency Contact/Number: | | | | | |
| Parent(s) or Legal Guardians(s): | | | | | | | | | | | |
| Do you have any relatives employed at the Clerk of Court's office? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | | |
| Are you legally eligible for employment? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | |
| High School | | | Address | | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |
| College | | | Address | | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |
| Other | | | Address | | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | | | |
| REFERENCES | | | | | | | | | | | |
| <i>Please list two professional references.</i> | | | | | | | | | | | |
| Full Name | | | | | Relationship | | | | | | |
| Company | | | | | Phone | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | | Relationship | | | | | | |
| Company | | | | | Phone | | | | | | |
| Address | | | | | | | | | | | |
| List any additional training, abilities or certification that you have that may be useful for the position you have requested (typing, computer, foreign language): | | | | | | | | | | | |

| PREVIOUS EMPLOYMENT | | | |
|--|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities/ Contributions | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities/ Contributions | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities/ Contributions | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

| MILITARY SERVICE | |
|----------------------------------|--------------------------|
| Branch | From To |
| Rank at Discharge | Type of Discharge |
| If other than honorable, explain | |

| DISCLAIMER AND SIGNATURE | |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge. | |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | |
| Signature | Date |

APPLICANT INFORMATION: (PRINT ALL INFORMATION ON THIS PAGE EXCEPT FOR SIGNATURE)

| | | | | | |
|--|------------------------------|-----------------------------|--------------|---------------|--|
| Full Name | | | | | |
| Address | | | | Date of Birth | |
| Social Security Number | | State | | ZIP | |
| Have you ever been arrested? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | | | |
| Have you ever been convicted of a felony | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | |
| Applicant's Signature: | | | Date: | | |

By this signature, I authorize the release of my arrest record, if any, may waive such legal rights that may exist and do release any and all persons from liability in connection with the furnishing of such information.

THIS SECTION TO BE COMPLETED BY A LAW ENFORCEMENT AGENT:

Arrest Information, if any:

| | | | |
|-------------|--|---------|--|
| Date | | Offense | |
| Disposition | | | |
| | | | |
| Date | | Offense | |
| Disposition | | | |
| | | | |
| Date | | Offense | |
| Disposition | | | |

IMPORTANT: The Sheriff's office cannot make an accurate identification based upon name and date of birth only. Any information contained on any name check is subject to verification between the requesting party and his/her employee. The Tangipahoa Parish Sheriff's office assumes no responsibility therefore for any action resulting from the information furnished.

| | |
|--|--|
| Signature of Deputy Verifying Information: | |
|--|--|

PLEASE READ THE FOLLOWING BEFORE SIGNING:

If you have any questions regarding this statement, please ask someone before signing.

In the event of my employment to a position at the Clerk of Court's office, I agree to comply with all the rules and regulations as set forth in the Clerk's policy manual or other directives distributed to all employees.

I certify that all the statements made by me on this application are true and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

| | | | |
|------------------------|--|-------|--|
| Applicant's Signature: | | Date: | |
|------------------------|--|-------|--|