



University of Louisiana at Lafayette - Employment Application

APPLICANT INFORMATION

Last Name			First			M.I.	DOB		
Street Address						Apartment/Unit #			
City				State			ZIP		
Phone				E-mail Address					
Date Available			Social Security No.			Desired Salary			
Position Applied for									
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?						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

EDUCATION

High School			Address						
	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				

PREVIOUS EMPLOYMENT

Company			Dates Emp.						
Job Title			Supervisor						
Responsibilities									
May we contact your previous supervisor for a reference?									
Company			Dates Emp.						
Job Title			Supervisor						
May we contact your previous supervisor for a reference?									
Company			Dates Emp.						
Job Title			Supervisor						
Responsibilities									
May we contact your previous supervisor for a reference?									

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:

Please print, sign, and submit to Human Resources:

PO Box 40196, Lafayette, LA 70504

Fax: 337-482-1452 **Email:** hr@louisiana.edu

UL Lafayette; Martin Hall, Rm 170

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