

# APPLICATION FOR EMPLOYMENT

Plaquemines Parish  
Civil Service Department  
Post Office Box 836  
Belle Chasse, LA 70037

[civilservice@ppgov.net](mailto:civilservice@ppgov.net)  
Fax:(504)934-6089

Position Applying For \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS:** Please print clearly. Failure to supply requested information may result in your application being **REJECTED**. Answer every question truthfully, completely, and accurately. This information is needed to determine your employment eligibility. **Omitted, incomplete, false or misleading information may cause your application to be REJECTED.**

Name \_\_\_\_\_  
Last First Middle Suffix (Maiden)

Physical Address \_\_\_\_\_  
Street City State Zip Code

Mailing Address \_\_\_\_\_  
P. O. Box City State Zip Code

Current Home Phone No. \_\_\_\_\_ Current Cell Phone No. \_\_\_\_\_

Current Email Address \_\_\_\_\_

Check box if you are under 18 years of age. [ ]

In case of an emergency or secondary contact, please notify \_\_\_\_\_  
(First and Last Name)

Contact's Phone Number \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Check Boxes interested in. [ ] Full-Time [ ] Part-Time

Have you ever worked for Plaquemines Parish before? [ ] Yes [ ] No

If "Yes" give dates and department \_\_\_\_\_

Are any of your records under another name? (This includes maiden and previously married names.) If so, please provide that name. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Exp. Date \_\_\_\_\_

Are you a citizen of the United States? [ ] Yes [ ] No If "No", do you have a valid work permit? [ ] Yes [ ] No

**VETERAN'S PREFERENCE:** (Check appropriate box below, if applicable)  
[ ] Veteran [ ] Spouse of Deceased or Disabled Veteran  
[ ] Disabled Veteran [ ] Parent of Deceased or Disabled Veteran

EQUAL OPPORTUNITY EMPLOYER

Revised: 06/20/2018