



EMPLOYMENT APPLICATION

900 Youngs Road, P.O. Drawer 2148, Morgan City, LA 70381
Phone (985) 380-2436
Fax (985) 380-2440

Date: _____

Thank you for your interest in employment at South Central Louisiana Technical College.
Your application will be retained for one (1) year from the date received. You may update your application during that time and you may be required to provide copies of certificates, transcripts, etc. Persons offered employment will need to document their eligibility to work in the United States. The application and supporting documents will become the property of South Central Louisiana Technical College.

Type or print in ink the application form completely. If questions are not applicable, enter "N/A". Do not leave questions blank.

_____	_____	_____	_____
LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME OR OTHER NAME
PRESENT ADDRESS: _____			
_____	_____	_____	_____
STREET ADDRESS	CITY	STATE	ZIP CODE
_____	_____	_____	_____
HOME PH. NUMBER	CELL PH. NUMBER	SOCIAL SECURITY #	

EDUCATION

Please list your education, beginning with your **highest** degree earned.

A copy of your official college transcript(s) must be attached to this application.

An original unopened transcript(s) from the granting institution must be submitted if offered employment.

Institution Attended	Location	Date(s) Attended	Major	Degree Awarded

Other Education _____

Military Training/Branch of Service: _____

Date(s) of Service: _____

Are you now a licensed or certified member of a profession or trade: ____Yes ____No

Type of license or certificate: _____

State, License Number, Year: _____

List other licenses or certifications that you possess: _____

Position that you are applying for: _____

Campus (check one): Lafourche River Parishes Young Memorial Other _____

If applying for a faculty position, please indicate if you are applying for full-time or part-time (adjunct) employment.

Full-Time Part-Time

Subjects that you are qualified to teach: _____

Have you ever worked for any agency in the State of Louisiana? Yes _____ No _____

If yes, is this a direct transfer without a break in service? Yes _____ No _____

WORK HISTORY

A resume documenting work experience must be attached to this application.

List affiliations with professional or other resource organizations, honors received, publications, lectures, travel, work products, etc., as they may relate to the position to which you are applying. Affiliations which identify your race, ethnicity, gender or religion may be omitted. (if more space is needed, use attachments clearly labeled in the same format.)

REFERENCES: Names and addresses of people who are familiar with your previous educational and/or employment experience whom we may contact:

<u>Name of Reference</u>	<u>Relationship</u>	<u>Mailing Address of Reference (w/zip code)</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you related by blood or marriage to any employees of South Central Louisiana Technical College? Yes No

If yes, list name, dept., and relationship _____

PLEASE READ CAREFULLY AND SIGN BELOW:

The information and answers I have provided in this application are true and correct to the best of my knowledge. I understand that omitting or misrepresenting any information required for this application will result in South Central Louisiana Technical College's rejection of my application, or termination of my employment.

I authorize South Central Louisiana Technical College to investigate my references, work record, police record, education, or any other matters relating to my suitability for employment. I also authorize my former employers to provide South Central Louisiana Technical College with this information.

I understand that neither filing this application nor being granted an interview will create an employment contract between me and South Central Louisiana Technical College.

Signature

Date

THANK YOU FOR YOUR INTEREST IN SOUTH CENTRAL LOUISIANA TECHNICAL COLLEGE

