



118 W. McKinley Ave. Haughton, Louisiana 71037

P.O. Box 729 TEL. (318) 949-9401 FAX (318) 949-2609

Office of Mayor Jack Hicks

Employment Application

The Town of Haughton is an equal opportunity employer. We encourage all persons to file applications with us and we do not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, and mental or physical disability.

All job offers are contingent upon the successful completion of a background process, which may include a police records check and a medical examination which includes a drug screening.

Please print legibly.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (home) (cell) Email

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Driver's License #: _____ State and Class: _____ Expiration Date: _____

Restrictions: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Are you under 18 years of age? YES NO Are you over 60 years of age? YES NO
 (Answer only if applying for public safety position)

Are you related to anyone working for Town of Haughton? YES NO If yes, Name: _____
 Relationship: _____

Have you ever worked for the Town of Haughton? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO If yes, when and where? _____

Explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____



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College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Job Related Training: _____

Professional Licenses or Certifications: _____

Professional Memberships: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO



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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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: _____