

LOUISIANA ENERGY & POWER AUTHORITY

210 VENTURE WAY
LAFAYETTE, LOUISIANA 70507-5319
(337) 269-4046

NOTICE: Resumes will not be accepted in lieu of this completed form.

APPLICATION FOR EMPLOYMENT

Fill out this application on typewriter or print in ink. To avoid delay in processing please give complete and accurate information.

THE FOLLOWING IS NECESSARY TO NOTIFY YOU OF EXAMINATION RESULTS AND/OR INTERVIEWS ONLY.

1. Position applied for _____ Date _____

2. Name _____
LAST
FIRST
MIDDLE

3. Mailing Address: _____
Number
Street
Apartment No.

_____ City State Zip Code

4. Phone: _____
Home or Cell (please note which)
Alternate Phone Number

5. Social Security Number: _____

ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" UNDER "YES" OR "NO"	YES	NO	SPECIAL QUALIFICATIONS
6. Are you a citizen of the United States? (Required for employment)			12. List any licenses, certifications or other professional registrations. _____ _____ _____
7. Are you a resident of Louisiana?			
8. Have you previously worked for an Electric Utility?			
9. Within the past 5 years have you been discharged from a position because your work or conduct was unsatisfactory? If yes, explain in item #17 on back.			
10. May inquiry be made of your present and/or past employer concerning your work record, qualifications, etc.?			
11. Have you ever been CONVICTED of an offense other than minor traffic violations. (Convictions are not necessarily a bar to employment.) If yes, explain in item #18 on back.			13. If you are applying for a clerical position answer the following: Are you trained or experienced in the following skills (mark with an "X"): Multi-line Phone System _____ Yes _____ No Copy Machine _____ Yes _____ No Personal Computer _____ Yes _____ No Microsoft Word _____ Yes _____ No Microsoft Excel _____ Yes _____ No Microsoft Powerpoint _____ Yes _____ No Lotus _____ Yes _____ No List any other programs you are experienced in: _____ _____ _____ _____
LOUISIANA ENERGY & POWER AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER			
NOTE: ANY DATA FALSIFICATION ON THIS APPLICATION FOR EMPLOYMENT MAY LEAD TO DISCIPLINARY ACTION AS OUTLINED IN LEPA POLICY AND PROCEDURE MANUAL SECTION 8.1.1 AND 8.1.2(h).			

14. Circle the last grade of school you completed: Grade School 1 2 3 4 5 6 7 8 9 10 11 12 GED					
List your education since high school including colleges, business, trade, correspondence and military service schools.					
Colleges, Universities and Junior Colleges Attended					
Name and Location	Date Attended		Credit Hours	Major	Degree and Year
	From	To			
Business or Trade Schools Attended					
Name and Location	Date Attended		Credit Hours	Courses Completed	Date of Diploma Or Certificate
	From	To			
Correspondence or Military Courses Completed					
Name and Location	Length of Course		Courses Completed	Date Completed	

15. EXPERIENCE: Begin with your present or latest position and work backwards. Account for all periods of employment or unemployment. GIVE YOUR DUTIES AND RESPONSIBILITIES IN SUCH DETAIL AS TO MAKE YOUR QUALIFICATIONS CLEAR.	
1.) PRESENT OR LAST POSITION City _____ State _____ From _____ to _____	Exact title of your position _____ Salary: Starting: \$_____ per ___ Final: \$_____ per ___
Name of employer:	DUTIES AND RESPONSIBILITIES:
Address:	
Phone #:	
Kind of business or organization:	
Was this a supervisory position?	
Name and title of your immediate supervisor:	
Reason for leaving:	

2.) NEXT PREVIOUS POSITION		
City _____ State _____	Exact title of your position _____	
From _____ to _____	Salary: Starting: \$_____ per ___ Final: \$_____ per _____	
Name of employer:	DUTIES AND RESPONSIBILITIES:	
Address:		
Phone #:		
Kind of business or organization:		
Was this a supervisory position?		
Name and title of your immediate supervisor:		
Reason for leaving:		
3.) NEXT PREVIOUS POSITION		
City _____ State _____		Exact title of your position _____
From _____ to _____	Salary: Starting: \$_____ per ___ Final: \$_____ per _____	
Name of employer:	DUTIES AND RESPONSIBILITIES:	
Address:		
Phone #:		
Kind of business or organization:		
Was this a supervisory position?		
Name and title of your immediate supervisor:		
Reason for leaving:		
4.) NEXT PREVIOUS POSITION		
City _____ State _____		Exact title of your position _____
From _____ to _____	Salary: Starting: \$_____ per ___ Final: \$_____ per _____	
Name of employer:	DUTIES AND RESPONSIBILITIES:	
Address:		
Phone #:		
Kind of business or organization:		
Was this a supervisory position?		
Name and title of your immediate supervisor:		
Reason for leaving:		

5.) NEXT PREVIOUS POSITION	
City _____ State _____	Exact title of your position _____
From _____ to _____	Salary: Starting: \$_____ per ___ Final: \$_____ per _____
Name of employer:	DUTIES AND RESPONSIBILITIES:
Address:	
Phone #:	
Kind of business or organization:	
Was this a supervisory position?	
Name and title of your immediate supervisor:	
Reason for leaving:	

16. List three persons that you have known for at least one year (not relatives).

FULL NAME	ADDRESS (Complete)	PHONE NO.	BUSINESS OR OCCUPATION

YOU MUST SIGN APPLICATION

I certify that all statements made in this application are true, complete and correct to the best of my knowledge. I realize that any misrepresentation herein may cause my application to be rejected, my name removed from the employment list, or I may be subject to dismissal from the employment of Louisiana Energy & Power Authority.

Signature

Date

EXPLANATIONS:

17.

18.