NOTE: DEADLINE FOR RECEIVING APPLICATIONS IS 12:00 NOON, TUESDAY, SEPTEMBER 1, 2026.

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 COMBINED CYCLE PLANT MECHANIC - LEPA UNIT No. 1 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
6. Are you a citizen of the United States? (Required for employment)		
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.		

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).

SPECIAL QUALIFICATIONS

12. List any licenses, certifications or other professional registrations.

_____

_____

_____

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:

_____

_____

_____

_____

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 _____ 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:	
3.) NEXT PREVIOUS 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:	
4.) NEXT PREVIOUS 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:	

5.) NEXT PREVIOUS 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:	

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.