

**For which POSTED POSITION are you applying?**

Please be sure you have COMPLETED ALL BLANKS on the FRONT & BACK of this application.

FULL NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_  
 \*\*Minimum Acceptable Salary: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

Are you 18 or older?  YES  NO

*HR Dept. Use Only:*

Applicallon ID: \_\_\_\_\_  
 Interviewed:  Yes  No  DS: \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Wage: \_\_\_\_\_ Start Date: \_\_\_\_\_

BREC's operations are diversified and may require early or later hours, weekends and/or holiday work. Please indicate your availability below:

FULL TIME  PART TIME  TEMPORARY Circle Days Available: M T W T F S S What Hours? \_\_\_\_\_

Do you possess valid LA DRIVER'S LICENSE?  YES  NO  
 Do you possess valid LA Commercial Driver's License?  YES  NO  
 Can you provide a vehicle if position requires use of one?  YES  NO  
 DRIVER'S LICENSE # \_\_\_\_\_  
 HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO  
 If yes, please list, explain & give dates:  
 \_\_\_\_\_  
 (Conviction will not necessarily disqualify applicant from employment)  
 Is there any reason you cannot perform the essential Functions of the job for which you are applying?  YES  NO  
 If yes, please explain: \_\_\_\_\_ **Continued** ➔

Have you ever been employed by BREC?  YES  NO  
 If yes, when? \_\_\_\_\_ Location? \_\_\_\_\_ Supervisor?  
 Do you have any relatives working for BREC?  YES  NO  
 If yes, list names:  
 Are you prevented from lawfully being employed in the U.S. due to Visa or immigration status?  YES  NO  
 Are you a VETERAN?  YES  NO  
 What EQUIPMENT related to this position can you operate?

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 Did you receive a high school DIPLOMA or GED?  YES  NO  
 High School Name & Location: \_\_\_\_\_

TRADE or BUSINESS SCHOOL Name & Location: \_\_\_\_\_ Did you Graduate?  YES  NO  
 List subjects studied: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

UNIVERSITY NAME & LOCATION: \_\_\_\_\_ Did you Graduate?  YES  NO  
 Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Total Semester/Quarter Hours Completed: \_\_\_\_\_  
 Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ DEGREE RECEIVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Have you done graduate work?  YES  NO University: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Give Names, Addresses & Phone Numbers of THREE (3) Character and/or Work References. (DO NOT NAME RELATIVES)

NAME	ADDRESS	PHONE	OCCUPATION
NAME	ADDRESS	PHONE	OCCUPATION
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Submission of an application does not carry with it the promise of employment.

APPLICATION MUST BE COMPLETED AND SIGNED by the person applying for the position, and ALL QUESTIONS MUST BE ANSWERED IN FULL FOR APPLICATION TO BE VALID. Resumes may be attached, but WILL NOT SUBSTITUTE FOR ANY INFORMATION REQUESTED ON THIS FORM.

*BREC considers all qualified applicants without regard to race, color, national origin, religion, sex, age or disability.*

EACH SPACE MUST BE FILLED IN and ALL QUESTIONS answered. We will attach a resume for you. If additional space is needed, please use additional sheets.

Employer:	Date Began Work Month    Year	Date Stopped Work Month    Year	Beginning Wage \$        per	Ending Wage \$        per
Job Title:	Supervisor:		No. Hours/week:	
Phone Number:	Number & Title of Employees You Supervised:			
Address:	Reason for Leaving or Changing Employment:			
Description of Work: _____ _____ _____				

  

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Job Title:	Supervisor:		No. Hours/week:	
Phone Number:	Number & Title of Employees You Supervised:			
Address:	Reason for Leaving or Changing Employment:			
Description of Work: _____ _____ _____				

  

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Job Title:	Supervisor:		No. Hours/week:	
Phone Number:	Number & Title of Employees You Supervised:			
Address:	Reason for Leaving or Changing Employment:			
Description of Work: _____ _____ _____				

  

CERTIFICATIONS / LICENSES WHICH WOULD QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING:  
\_\_\_\_\_  
\_\_\_\_\_

LIST ADDITIONAL EXPERIENCE OR TRAINING (other than employment) WHICH WOULD QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING:  
\_\_\_\_\_  
\_\_\_\_\_

MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER?  YES     NO

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM ANY POSITION?  YES     NO  
 If YES, Give Employer, Date and Reason: \_\_\_\_\_

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE  
 IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION  
 GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE.

I hereby authorize the investigation of all statements contained in this application of employment as may be necessary to arriving at my employment decision. In consideration of such disclosure on the part of above named persons or institutions, I hereby release them from any and all liability arising wherefrom and do relinquish and waive any right or claim I may have against them from such disclosure.

I FURTHER UNDERSTAND AND AGREE TO A DRUG SCREEN AS PART OF THE QUALIFICATION PROCESS.  
 BREC ALSO RESERVES THE RIGHT TO REQUIRE A POST-OFFER MEDICAL/PERFORMANCE ASSESSMENT. .

A COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS VALID AS THE ORIGINAL

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 \* BREC IS AN EQUAL OPPORTUNITY EMPLOYER \*

**BREC  
RECREATION AND PARK COMMISSION OF EAST BATON ROUGE PARISH  
CONSUMER REPORT DISCLOSURE & RELEASE  
(EMPLOYMENT)**

**DISCLOSURE**

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). Such report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drug/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state, and other agencies which maintain such records; as well as information from USIS concerning previous driving records made by others from such state agencies and state provided driving records.

**AUTHORIZATION TO RELEASE**

**I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS, TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

As a current, new or perspective employee of the Recreation and Park Commission for the Parish of East Baton Rouge (BREC), I understand that a thorough investigation of my character, general reputation, personal characteristics or mode of living, including but not limited to my criminal background, will be conducted, which may confirm or deny my eligibility for employment or continued employment. USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, continued employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted by BREC, or currently employed by BREC, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion or transfer. I hereby authorize BREC to conduct such an investigation. I authorize all persons and entities to accept a copy of this document as authorization to disclose to BREC any such information or records, based upon the identifying information which I have provided below, and I release any provider of information of records from liability arising from such disclosure.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HR Representative

**Notice to Applicants**

You have the right to obtain a copy of your consumer report from the consumer-reporting agency. You may make a request to USIS, upon proper identification, to request the nature and substance of all information in its files on you at the time of your report, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.