



1600 NORTH THIRD STREET  
POST OFFICE BOX 94397  
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DARYL G. PURPERA  
LEGISLATIVE AUDITOR

## Application for Employment

Name: (Last, First, Middle)

Home Address: (Street, City, Zip)

Phone Number(s):

Home: ( )

Cell: ( )

Work: ( )

May we contact you at work?  Yes  No

Type of employment you will accept:

Full Time  Part Time  Temporary

How did you learn about this position?

Email address:

Position(s) applied for:

Minimum acceptable salary:

Are any members of your immediate family (children, brothers, sisters, parents, spouse, and parents of your spouse) employed by the Louisiana Legislative Auditor?

Yes  No If yes, please list name(s)

Do you now hold or are you a candidate for public office?

Yes  No

If yes, give office:

City/State

Have you ever been convicted of a misdemeanor or felony?

Yes  No

Have you ever been removed from a position or resigned to avoid removal or disciplinary action?

Yes  No

*If answers to either of the above two items are "Yes," you are required to explain below. A "Yes" answer will not automatically bar you from employment.*

Explain a "Yes" answer to the above two questions. Show the law enforcement authority (city police, sheriff, FBI), the offense and sentence and/or the name and address of employer and reason for separation.

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If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Are you authorized to work in the United States for any employer?  Yes  No

Will you now or in the future require employment visa sponsorship?  Yes  No

Proof of citizenship or employment eligibility will be required upon employment.

Can you drive an automobile if the job requires it?  Yes  No Driver's License # \_\_\_\_\_

If yes, do you possess a valid driver's license?  Yes  No State \_\_\_\_\_

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## Education

	Name	City/State	Years Completed	Did you Graduate?	Degree/Subject	GPA
High School						
College						
College						
Other						
Other						

List the number of credit hours earned in the following principle subjects:

Principle Subjects	Undergraduate		Graduate	
	Semester Hours	Quarter Hours	Semester Hours	Quarter Hours
Accounting				
Computer-Related				
Statistics				

Are you currently eligible to sit for the CPA exam?  Yes  No

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## Licenses, Certificates, and Professional Organizations

List professional licenses which you hold, name of licensing authority and license number:

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List professional associations of which you are a member:

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## References

Please list the names and telephone numbers of individuals, other than your current supervisor, who can provide information regarding your work performance. Current employer will not be contacted without your permission.

NAME	TELEPHONE NUMBER	RELATIONSHIP

## Authority to Release Information

I certify that all of the facts given in this Application for Employment are true and complete to the best of my knowledge and hereby consent to the release of information and investigation of this information by employers, educational institutions, law enforcement agencies, credit agencies and bureaus, and other individuals and agencies to duly accredited investigators, personnel professionals/technicians and other authorized employees for the purposes of investigations as prescribed by law.

I understand that consideration for employment is contingent upon the results of reference checks and a criminal history check. If it appears likely that an adverse decision regarding my employment with the Louisiana Legislative Auditor may be made based entirely or in part on information contained in a criminal history report, I understand that I will be notified of this possibility before a final decision is made and provided with a copy of the criminal history report.

I also understand that my employment may be contingent upon the results of a drug screening analysis for substance abuse. The results of such analysis may be grounds for disqualifying me or terminating my employment. I certify that I do not use, and have not in the past ninety (90) days used, illegal drugs.

I understand that false statements are grounds for my application for employment being denied and my name removed from the eligible register and/or subject me to dismissal from state service.

I understand that, if employed, I will be an employee at will; that is, my employment will be for no definite period of time, but rather, will be subject to termination by myself or the Legislative Auditor at any time for any reason.

**I HAVE READ, UNDERSTOOD AND AGREED TO THE ABOVE STATEMENT.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Louisiana Legislative Auditor is committed to a policy of nondiscrimination and equal employment opportunity for all persons regardless of race, color, religion, age, sex, national origin, disability, sickle cell trait, veteran status, sexual orientation, or any characteristics protected by law.

*1/24/08*