



Continuing Education

LOUISIANA INSURANCE ACADEMY Program & Scholarship Application Spring 2018

Please type or print legibly. Visit <http://www.dcc.edu/LIA> for full application packet and instructions.

| | | | |
|------------------|------------|---------------|---|
| Last Name | First Name | Middle Name | Delgado student ID # (if applicable) |
| Phone #1 | Phone #2 | Email Address | |
| Mailing Address: | | | |
| Street | City | State | Zip |

| EDUCATION | | | |
|----------------------|----------|--------|-------|
| Institution Attended | Location | Degree | Major |
| | | | |
| | | | |

EMPLOYMENT HISTORY

List all employment. Start with present or most recent position. Include all jobs since age 18 (or last 4 jobs, whichever is less).

| | | |
|-----------------------------------|----------------------------------|--------------|
| Employer (Present or Most Recent) | Street Address, City, State, Zip | |
| Your Job Title | Supervisor | |
| Description of your duties: | From (Mo./Yr.) | To (Mo./Yr.) |
| | Reason for Leaving | |

| | | |
|-----------------------------|----------------------------------|--------------|
| Employer | Street Address, City, State, Zip | |
| Your Job Title | Supervisor | |
| Description of your duties: | From (Mo./Yr.) | To (Mo./Yr.) |
| | Reason for Leaving | |

| | | |
|-----------------------------|----------------------------------|--------------|
| Employer | Street Address, City, State, Zip | |
| Your Job Title | Supervisor | |
| Description of your duties: | From (Mo./Yr.) | To (Mo./Yr.) |
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| | | |
|-----------------------------|----------------------------------|--------------|
| Employer | Street Address, City, State, Zip | |
| Your Job Title | Supervisor | |
| Description of your duties: | From (Mo./Yr.) | To (Mo./Yr.) |
| | Reason for Leaving | |

Please indicate your level of expertise with the software listed below.

Microsoft Excel Beginner Intermediate Advanced

Microsoft Word Beginner Intermediate Advanced

Microsoft Outlook Beginner Intermediate Advanced

Microsoft Windows Beginner Intermediate Advanced

Can you type? No Yes ___ ___ WPM

REFERENCES (Other than Relatives)

Names

Phone Numbers

SUPPLEMENTARY DATA (Awards, Honors, Affiliations and Memberships, Community and Professional Activities, etc.)

By signing below:

- I give permission to the LIA selection committee to access my student records at Delgado Community College for the purpose of verifying graduation. (Applicable to DCC graduates only.)
- I understand that I will be required to submit additional paperwork upon being accepted into the program.
- I give permission for my photograph to be taken during this program and used by DCC for public relations purposes.

Applicant's Signature _____ Date _____