



# 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)
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Phone #1	Phone #2	Email Address
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Mailing Address:

Street	City	State	Zip
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## 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	
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	Reason for Leaving	

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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 \_\_\_\_\_