



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

LOUISIANA DEPARTMENT OF INSURANCE
Office of Consumer Advocacy & Diversity
Division of Diversity & Opportunity

JOB POSTING REQUEST FORM

Company Name:	_____
Contact Person:	_____
Position Title:	_____
Qualifications:	_____ _____ _____ _____ _____ _____
Starting Salary:	_____
Accepting Resumes:	_____
	Date to Date

Please return this form to the Louisiana Department of Insurance, P. O. Box 94214, Baton Rouge, LA 70804-9214, or fax to (225) 342-4652. Attn: Gayle L. Raby, Office of Consumer Advocacy & Diversity.