



Louisiana
SCS
State Civil Service

**Nomination Petition Form
For Election to the State Civil Service
Commission - January 2017**

Form Revised 11/2016

PLEASE PRINT ALL INFORMATION CLEARLY

Name of Candidate:			
Job Title:			
Home Address:	Street Address or Post Office Box		
	City, State and Zip Code		
Home Telephone Number with Area Code:			
Department/Agency/Board/Commission:			
Office/Organizational Unit:			
Street Address or Post Office Box			
City, State and Zip Code			
Office Telephone Number with Area Code:			Fax Number with Area Code:
Email Address:			

Dates to Submit Petitions for Candidacy - The Nomination Petition form must be *physically received* at State Civil Service no later than close of business (4:30 p.m.) Wednesday, January 11, 2017. Postmarks are not acceptable for receipt date verification. No forms will be accepted prior to January 3, 2017. **Faxed and emailed petitions will not be accepted.**

Position Statements and Biographical Information - Applicants who qualify as a candidate may also submit personal position statements which may include biographical information for the election brochure that accompanies the ballots. Applicants may submit positional/biographical information with the Nomination Petition form or send the positional/biographical information in under separate cover. Positional/biographical information may be submitted in Microsoft Word in an electronic format. **Positional/Biographical information may not be faxed.** The deadline for positional/biographical information is also January 11, 2017. Complete instructions for submitting positional/biographical information can be found on our website at www.civilservice.la.gov.

Addresses for Submission - All correspondence concerning the election of the employee member of the State Civil Service Commission should be addressed to Commissioner Election Coordinator, State Civil Service, Post Office Box 94111, Baton Rouge LA 70804-9111, telephone 225-342-8272. The physical address is **1201 North Third St., Baton Rouge, LA in the Claiborne Bldg, 3rd floor, Room 3-280.** Regular business hours are 8:00 a.m. to 4:30 p.m. Monday to Friday. For email submissions of positional/biographical information or questions about these forms, email Election.Coordinator@la.gov.

NOMINATION PETITION

Qualifications; term of office (R.S. 42:1351)

The classified employee member of the State Civil Service Commission provided for in Article X, Section 3(c) of the Constitution of 1974 shall be a full time, permanent employee in the classified state service for a period of one year prior to the date on which he qualifies as a candidate. He shall serve a term of six years, which shall commence on May 1 of the year in which he is elected.

Nominations by petition . . . (R.S. 42:1353)

Nomination as a candidate for the office of employee member of the commission shall be by petition of at least one hundred permanent employees in the state classified service. Such petition shall be filed with the director of the department of state civil service not later than seven working days after the call for the election . . .

Nominations (Title 40 Part XXVII Chapter 1 §101 C.2)

The nominating petition shall include the **signature, printed name, Social Security Number or any other personal identification number** designated by the Director of Civil Service, and the **department, agency, board or commission** of each employee signing the petition.

	SIGNATURE	PRINTED NAME First Name, Last Name	Date of Signature	Social Security No. (last 4 digits only)	DATE OF BIRTH MM/DD/YY YY	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							

	SIGNATURE	PRINTED NAME First Name, Last Name	Date of Signature	Social Security No. (last 4 digits only)	DATE OF BIRTH MM/DD/YY YY	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							
31.							
32.							
33.							
34.							
35.							
36.							
37.							
38.							
39.							
40.							
41.							
42.							

	SIGNATURE	PRINTED NAME First Name, Last Name	Date of Signature	Social Security No. (last 4 digits only)	DATE OF BIRTH MM/DD/YY YY	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
43.							
44.							
45.							
46.							
47.							
48.							
49.							
50.							
51.							
52.							
53.							
54.							
55.							
56.							
57.							
58.							
59.							
60.							
61.							
62.							
63.							

	SIGNATURE	PRINTED NAME First Name, Last Name	Date of Signature	Social Security No. (last 4 digits only)	DATE OF BIRTH MM/DD/YY YY	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
64.							
65.							
66.							
67.							
68.							
69.							
70.							
71.							
72.							
73.							
74.							
75.							
76.							
77.							
78.							
79.							
80.							
81.							
82.							
83.							
84.							

	SIGNATURE	PRINTED NAME First Name, Last Name	Date of Signature	Social Security No. (last 4 digits only)	DATE OF BIRTH MM/DD/YY YY	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
85.							
86.							
87.							
88.							
89.							
90.							
91.							
92.							
93.							
94.							
95.							
96.							
97.							
98.							
99.							
100.							
101.							
102.							
103.							
104.							
105.							

	SIGNATURE	PRINTED NAME First Name, Last Name	Date of Signature	Social Security No. (last 4 digits only)	DATE OF BIRTH MM/DD/YY YY	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
106.							
107.							
108.							
109.							
110.							
111.							
112.							
113.							
114.							
115.							
116.							
117.							
118.							
119.							
120.							
121.							
122.							
123.							
124.							
125.							
126.							

	SIGNATURE	PRINTED NAME First Name, Last Name	Date of Signature	Social Security No. (last 4 digits only)	DATE OF BIRTH MM/DD/YY YY	EMPLOYEE ID NUMBER	NAME OF DEPARTMENT OR AGENCY WHERE EMPLOYED
127.							
128.							
129.							
130.							
131.							
132.							
133.							
134.							
135.							
136.							
137.							
138.							
139.							
140.							
141.							
142.							
143.							
144.							
145.							
146.							
147.							

