



# State of Louisiana

## Employment Application

civilservice.la.gov

**Position applying for:** (Please print and attach supplemental questions included in the posting for which you are applying)

\*Job Title: \_\_\_\_\_ Job#: \_\_\_\_\_

\*Agency: \_\_\_\_\_ \*Location: \_\_\_\_\_

NOTE: Any Supplemental Questions accompanying this job posting must be printed, answered, and submitted with this application or your application will be considered incomplete.

### Contact Information

\*Name \_\_\_\_\_  
*First Middle Initial Last*

\*Mailing Address \_\_\_\_\_  
*Street City State Zip Code*

\*Email Address \_\_\_\_\_

\*Home Phone \_\_\_\_\_ Alternative Phone \_\_\_\_\_

\*Social Security Number (Full # Required) \_\_\_\_\_

\*By which method would you prefer to be notified about application status, testing dates and examination results? (Note: if you select 'E-mail,' you may still continue to receive paper notices from certain employers, depending on their preference.)

Please check one of the following options: \_\_\_\_\_ E-mail \_\_\_\_\_ Mail

### Other Personal Information

\*Do you possess a valid Driver's License? (Please check one)

\_\_\_\_\_ Yes, I possess a valid Driver's License. \_\_\_\_\_ No, I do not possess a valid Driver's License.

If Yes, Please provide the State and number \_\_\_\_\_

\*Class: \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ A \_\_\_\_\_ A CDL  
\_\_\_\_\_ B \_\_\_\_\_ B CDL \_\_\_\_\_ C \_\_\_\_\_ C CDL \_\_\_\_\_ CM \_\_\_\_\_ D  
\_\_\_\_\_ E \_\_\_\_\_ E (Learner) \_\_\_\_\_ F \_\_\_\_\_ M1 \_\_\_\_\_ M2  
\_\_\_\_\_ Motorcycle \_\_\_\_\_ R \_\_\_\_\_ None

*I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, human resources staff, and other authorized employees of the state government for the purpose of determining my eligibility and suitability for employment.*

*I certify that all statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that the information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal from state service.*

**I have read the statements above carefully before signing this application:**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

\* Required field

**Additional Information**

\*Can you, after employment, submit proof of your legal right to work in the United States? (Please check one)  
 Yes  No

\*Please check the types of employment you will accept:  Permanent  Temporary

Certificates and Licenses

Type	License Number	Issued By	Date Issued	Date Expires

Additional Skills \_\_\_\_\_

\*Are you currently at least 18 years old?  Yes  No

The State of Louisiana requests the information below so we may comply with federal Equal Employment Opportunity law requirements. The information is strictly voluntary and in no way influences employment prospects.

Gender:  Male  Female  Decline to state

Ethnicity:  Hispanic or Latino  Non-Hispanic or Non-Latino  Decline to state

Race:  White/Caucasian  Asian  American Indian/Alaskan Native  
 Black or African American  Native Hawaiian or other Pacific Islander  
 2 or more races  Decline to state

Date of Birth (Month/Day/Year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

How did you find out about this job?  Civil Service website  Paper announcement at agency  
 Newspaper ad  Flier  Career Fair  Word of mouth  Other

Please select all that apply to you:

- I am a certified Vocational Rehabilitation Client. (Rule 22.8(a))
- I have a 3.5 GPA or higher for my baccalaureate degree. (Rule 22.8(c))
- I am an active duty member of the armed forces, or a veteran of the armed forces who has served at least 90 days of active service for purposes other than training and who has been honorably discharged from active duty within the previous 12 months. (Rule 22.8(d))
- I am eligible for Non-competitive Re-employment. (Rule 23.13)
- I am a current permanent classified state employee in a job which requires the same Civil Service test as this vacancy, and I have been in this job for at least the last six months.
- None of the above.

\*Are you an Army Pays participant?  Yes  No

To enable us to fully evaluate any military experience claimed, please list in the space provided below each rank and grade you have held (e.g., include E, O or W grade) and the date that each was attained. If you do not have any military experience, enter N/A. \_\_\_\_\_

\* Are you claiming Veteran's Preference points on this application?  Yes  No

If claiming Veteran's Preference points, were you honorably discharged or discharged under honorable conditions from the Armed Forces of the United States?  Yes  No  Does not apply

Are you an honorably discharged veteran who served either in peace or in war and who has one or more disabilities recognized as service-connected by the Veteran's Administration?  Yes  No

**During which period did you serve? (check all that apply)**

- In the wartime period April 6, 1917 through November 11, 1918
- In the wartime period September 16, 1940 through July 25, 1947
- In the wartime period June 27, 1950 through January 31, 1955
- In the wartime period July 1, 1958 through May 7, 1975
- In a peacetime campaign or expedition for which campaign badges are authorized
- Post 09/11/01 for 90 days or more and for purposes other than training
- Does not apply/None of the above

**Please select all that apply:**

- I am the spouse of a veteran whose physical condition precludes his or her appointment to a civil service job in his or her usual line of work.
- I am the unmarried widow of a deceased veteran who served in a war period as defined in the question above, or in a peacetime campaign or expedition.
- I am the un-remarried widowed parent of any person who died in active wartime or peacetime service or who suffered total and permanent disability in active wartime or peacetime service.
- I am the divorced or separated parent of any person who died in wartime or peacetime service or who became totally and permanently disabled in wartime or peacetime service.
- None of the above

\*Are you currently holding or running for an elective public office?  Yes  No

\*Have you ever been fired from a job or resigned to avoid dismissal?  Yes  No

If "Yes", please explain below. A "Yes" answer will not necessarily bar you from state employment

\*If you are a male from the ages 18 through 25, please answer the following question "Yes" or "No". If you are not a male in this group, select "Does not apply". Are you registered with the Selective Service System?

Yes  No  Does not apply

In which parishes are you available for employment?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Acadia         | <input type="checkbox"/> Allen          | <input type="checkbox"/> Ascension     |
| <input type="checkbox"/> Assumption     | <input type="checkbox"/> Avoyelles      | <input type="checkbox"/> Beauregard    |
| <input type="checkbox"/> Bienville      | <input type="checkbox"/> Bossier        | <input type="checkbox"/> Caddo         |
| <input type="checkbox"/> Calcasieu      | <input type="checkbox"/> Caldwell       | <input type="checkbox"/> Cameron       |
| <input type="checkbox"/> Catahoula      | <input type="checkbox"/> Claiborne      | <input type="checkbox"/> Concordia     |
| <input type="checkbox"/> DeSoto         | <input type="checkbox"/> E. Baton Rouge | <input type="checkbox"/> E. Carroll    |
| <input type="checkbox"/> E. Feliciana   | <input type="checkbox"/> Evangeline     | <input type="checkbox"/> Franklin      |
| <input type="checkbox"/> Grant          | <input type="checkbox"/> Iberia         | <input type="checkbox"/> Iberville     |
| <input type="checkbox"/> Jackson        | <input type="checkbox"/> Jefferson      | <input type="checkbox"/> Jeff Davis    |
| <input type="checkbox"/> Lafayette      | <input type="checkbox"/> Lafourche      | <input type="checkbox"/> LaSalle       |
| <input type="checkbox"/> Lincoln        | <input type="checkbox"/> Livingston     | <input type="checkbox"/> Madison       |
| <input type="checkbox"/> Morehouse      | <input type="checkbox"/> Natchitoches   | <input type="checkbox"/> Orleans       |
| <input type="checkbox"/> Ouachita       | <input type="checkbox"/> Plaquemines    | <input type="checkbox"/> Pointe Coupee |
| <input type="checkbox"/> Rapides        | <input type="checkbox"/> Red River      | <input type="checkbox"/> Richland      |
| <input type="checkbox"/> Sabine         | <input type="checkbox"/> St. Bernard    | <input type="checkbox"/> St. Charles   |
| <input type="checkbox"/> St. Helena     | <input type="checkbox"/> St. James      | <input type="checkbox"/> St. John      |
| <input type="checkbox"/> St. Landry     | <input type="checkbox"/> St. Martin     | <input type="checkbox"/> St. Mary      |
| <input type="checkbox"/> St. Tammany    | <input type="checkbox"/> Tangipahoa     | <input type="checkbox"/> Tensas        |
| <input type="checkbox"/> Terrebonne     | <input type="checkbox"/> Union          | <input type="checkbox"/> Vermillion    |
| <input type="checkbox"/> Vernon         | <input type="checkbox"/> Washington     | <input type="checkbox"/> Webster       |
| <input type="checkbox"/> W. Baton Rouge | <input type="checkbox"/> W. Carroll     | <input type="checkbox"/> W. Feliciana  |
| <input type="checkbox"/> Winn           |   |  |

**Education**

\*High School Name \_\_\_\_\_ Location \_\_\_\_\_

Have you received a high school diploma or equivalency certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Give the name and address of the school, major course of study, and degree achieved:

Undergraduate University \_\_\_\_\_

Graduate School \_\_\_\_\_

College Major \_\_\_\_\_

Area of Study \_\_\_\_\_

Degree Attained \_\_\_\_\_

Degree Attained \_\_\_\_\_

Year \_\_\_\_\_

Year \_\_\_\_\_

Undergraduate Semester Hours Completed	Undergraduate Quarter Hours Completed	Graduate Semester Hours Completed	Graduate Quarter Hours Completed

**Work History**

Describe your work experience, beginning with your current or most recent job. Include military service, volunteer work, self-employment, and part-time employment.

**1. Name of Present or Last**

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From (Month/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours Per Week \_\_\_\_\_

Salary \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Job Duties (give details)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**2. Your Next Most Recent**

Employer \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

From (Month/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours Per Week \_\_\_\_\_

Salary \_\_\_\_\_ Number of Employees Supervised \_\_\_\_\_

May we contact this employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Job Duties (give details)

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Reason For Leaving

**3. Your Next Most Recent**

Employer

Job Title

Address

Phone Supervisor

From (Month/Year) / To / Hours Per Week

Salary Number of Employees Supervised

May we contact this employer? Yes No

Job Duties (give details)

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Reason For Leaving

**4. Your Next Most Recent**

Employer

Job Title

Address

Phone Supervisor

From (Month/Year) / To / Hours Per Week

Salary Number of Employees Supervised

May we contact this employer? Yes No

Job Duties (give details)

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Reason For Leaving

**5. Your Next Most Recent**

Employer

Job Title

Address

Phone Supervisor

From (Month/Year) / To / Hours Per Week

Salary Number of Employees Supervised

May we contact this employer? Yes No

Job Duties (give details)

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Reason For Leaving