

# APPLICATION FOR COMPETITIVE EXAMINATION

## FIRE AND POLICE CIVIL SERVICE BOARD

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL QUESTIONS IN THIS APPLICATION MAY CAUSE YOUR APPLICATION TO BE DELAYED OR REJECTED.

NAME: FIRST			MIDDLE			LAST			
STREET ADDRESS/P.O. BOX NO.				CITY/TOWN			STATE/ZIP		
HOME TELEPHONE NUMBER (WITH AREA CODE) ( )					OFFICE TELEPHONE NUMBER (WITH AREA CODE) ( )				
SOCIAL SECURITY NUMBER					DATE OF BIRTH MONTH/DATE/YEAR:				
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO					ARE YOU A REGISTERED VOTER OF THE STATE OF LOUISIANA? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**TITLE OF POSITION FOR WHICH YOU ARE APPLYING (FILE A SEPARATE APPLICATION FOR EACH TYPE OF POSITION)**

### RACE/SEX INFORMATION

The Federal government requires that we request the following race and sex information for statistical reporting purposes. Completion of this section is voluntary, and your application will not be rejected if you choose not to provide this information.

- |                                 |                                       |                                |                                   |                                     |                                |
|---------------------------------|---------------------------------------|--------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Male   | <input type="checkbox"/> White        | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Am. Indian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other: _____ |                                |                                   |                                     |                                |

### SPECIAL INSTRUCTIONS FOR DOCUMENTATION WHICH SHOULD BE ATTACHED TO YOUR COMPLETED APPLICATION FOR EXAMINATION

So that our civil service board may evaluate your qualifications for admission to the examination, please attach a copy of the documents checked below to your completed application:

- VOTER REGISTRATION CARD
- HIGH SCHOOL DIPLOMA OR GED EQUIVALENCY CERTIFICATE
- DRIVERS LICENSE
- COLLEGE TRANSCRIPT, IF APPLICABLE
- SPECIAL CERTIFICATIONS OR LICENSES REQUIRED FOR ADMISSION TO SPECIFIC CLASSES
- \_\_\_\_\_
- \_\_\_\_\_

### AUTHORITY FOR RELEASE OF INFORMATION

I HAVE COMPLETED THIS APPLICATION WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY OR ALL ITEMS CONTAINED HEREIN MAY BE SUBJECT TO INVESTIGATION PRESCRIBED BY LAW, AND I CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY CAPACITY AND FITNESS BY EMPLOYER, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND AGENCIES, TO DULY ACCREDITED INVESTIGATORS, CIVIL SERVICE BOARD MEMBERS AND OTHER AUTHORIZED EMPLOYEES OF THE GOVERNMENT FOR THAT PURPOSE.

I CERTIFY THAT THE ANSWERS I HAVE GIVEN TO ALL QUESTIONS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I KNOW THAT ANY MISREPRESENTATION HEREIN MAY CAUSE MY APPLICATION TO BE REJECTED, MY NAME REMOVED FROM THE ELIGIBLE LIST AND/OR MAY SUBJECT ME TO DISMISSAL FROM EMPLOYMENT.

DATE	SIGNATURE OF APPLICANT
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### FOR USE OF CIVIL SERVICE BOARD ONLY

- |                                |                                  |                              |                                    |                                     |
|--------------------------------|----------------------------------|------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Voter | <input type="checkbox"/> Citizen | <input type="checkbox"/> Age | <input type="checkbox"/> Education | <input type="checkbox"/> Vet. Pref. |
| 1. CHM                         | 2. V. CHM                        | 3.                           | 4.                                 | 5.                                  |



## BACKGROUND INFORMATION

IF YOU ARE APPLYING FOR A JOB WHICH REQUIRES THE ABILITY TO DRIVE A VEHICLE, PLEASE PROVIDE YOUR DRIVER'S LICENSE NUMBER:

DRIVER'S LICENSE NUMBER & ISSUING STATE: \_\_\_\_\_

1. WITHIN THE PAST 5 YEARS, HAVE YOU BEEN TERMINATED, OR RESIGNED IN LIEU OF TERMINATION, FROM ANY POSITION FOR REASONS OTHER THAN A REDUCTION IN FORCE?

YES       NO

NOTE: IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK PROVIDED BELOW.

2. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES       NO

3. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR DURING THE LAST 3 YEARS?

YES       NO

NOTE: IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE QUESTIONS, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK BELOW. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING. A CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO TIME, CIRCUMSTANCES, AND SERIOUSNESS.

**EXPLANATION.** PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN ANY "YES" ANSWERS TO THE ABOVE THREE QUESTIONS. ATTACH ADDITIONAL PAGES IF NECESSARY.

## TRAINING/EDUCATION

### A. HIGH SCHOOL

DIPLOMA OR EQUIVALENCY CERTIFICATE

DATE RECEIVED: \_\_\_\_\_

I DID NOT GRADUATE, BUT COMPLETED GRADE: \_\_\_\_\_

NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR OF STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE:

### B. COLLEGE

NAME OF COLLEGE OR UNIVERSITY/LOCATION

YEARS  
ATTENDED

CREDIT  
HOURS  
EARNED

DEGREE(S)  
RECEIVED

DATE OF  
DEGREE

MAJOR

NAME OF COLLEGE OR UNIVERSITY/LOCATION	YEARS ATTENDED	CREDIT HOURS EARNED	DEGREE(S) RECEIVED	DATE OF DEGREE	MAJOR



C. OTHER FORMAL TRAINING (BUSINESS, TRADE, MILITARY, ETC., CLASSES OR SEMINARS) TITLE OF INSTRUCTION OR CLASS (ATTACH ADDITIONAL PAGES IF NECESSARY)	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	NO. OF HOURS PER WEEK
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	

**SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS, OR LICENSES**

PLEASE LIST BELOW ANY PROFESSIONAL LICENSES OR CERTIFICATIONS THAT ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.  
(ATTACH ADDITIONAL PAGES IF NECESSARY)

	NO. 1	NO. 2	NO. 3
NAME OF LICENSE OR TYPE OF CERTIFICATION			
NAME AND COMPLETE ADDRESS OF AGENCY OR INSTITUTION ISSUING LICENSE OR CERTIFICATION			
DATE LICENSE OR CERTIFICATION ACQUIRED			
EXPIRATION DATE, IF APPLICABLE			
RESTRICTIONS, IF APPLICABLE			

LIST ANY SPECIAL COURSE WORK, TRAINING, OR EXPERIENCE WHICH MAY BE BENEFICIAL IN THE JOB FOR WHICH YOU ARE APPLYING, OR WHICH MAY SATISFY ANY SPECIAL QUALIFICATION REQUIREMENTS.

IF YOU HAVE COMPUTER EXPERIENCE, PLEASE LIST ANY SOFTWARE PACKAGES OR COMPUTER LANGUAGES WITH WHICH YOU HAVE A WORKING KNOWLEDGE:

TYPING ABILITY: \_\_\_\_\_ WPM

**VETERAN'S PREFERENCE**

Five-point veteran's preference is granted to veterans who receive passing scores for an entrance class and were discharged honorably or under honorable conditions from the U.S. Armed Forces after having served during any of the following wartime periods: September 16, 1940 through July 25, 1947; June 27, 1950 through January 31, 1955; and between July 1, 1958 through May 7, 1975. After May 7, 1975, you must have served in a peacetime campaign or expedition for which campaign badges were authorized to receive the veteran's preference points. (Exclude active duty for training in Reserves or National Guard.) Should you wish to receive the veteran's points, check the space provided and attach a copy of your DD-214 which verifies the above information. You will not receive the five points if you fail to attach the required documentation.

I QUALIFY FOR THE FIVE-POINT VETERAN'S PREFERENCE AS IDENTIFIED ABOVE, AND HAVE ATTACHED A COPY OF MY DD-214 TO THIS APPLICATION FOR VERIFICATION PURPOSES

**REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT**

If you require any special testing accommodations because of a disability which limits a major life activity, you must complete this section in order for your request to be considered.

I am requesting testing accommodations under the Americans With Disabilities Act for the following disability (check box and specify disability): \_\_\_\_\_

**Required documentation to attach to your application:** IN ORDER FOR THIS CIVIL SERVICE BOARD TO PROCESS YOUR ADA REQUEST, you must attach recent written documentation of your disability, including an assessment of accommodations which might be appropriate to compensate for your disability in a testing environment, prepared by a DOCTOR, PSYCHOLOGIST, REHABILITATION COUNSELOR, OCCUPATIONAL or PHYSICAL THERAPIST, or OTHER PROFESSIONAL with knowledge of your functional limitations.

The required documentation is attached to this application.



## WORK EXPERIENCE

### INSTRUCTIONS FOR COMPLETING SECTION ON WORK EXPERIENCE

Start with your present or most recent position and work back, including any military experience. Use separate blocks if you were promoted or your duties changed materially while working for the same employer. Treat each change as a separate position. For volunteer experience, use work experience blocks and disregard reference to salary. It is to your advantage to completely describe your duties in each position, placing particular emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.

NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS					
						TITLE OF YOUR POSITION					
DATES OF EMPLOYMENT FROM:			TO:			WAS THIS FULL-TIME EMPLOYMENT?		AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY	ENDING SALARY
MO.	DAY	YR.	MO.	DAY	YR.	<input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME AND TITLE OF IMMEDIATE SUPERVISOR						NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED					
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)											
NAME AND COMPLETE ADDRESS OF EMPLOYER						TYPE BUSINESS					
						TITLE OF YOUR POSITION					
DATES OF EMPLOYMENT FROM:			TO:			WAS THIS FULL-TIME EMPLOYMENT?		AVERAGE NUMBER OF HOURS WORKED PER WEEK:		BEGINNING SALARY	ENDING SALARY
MO.	DAY	YR.	MO.	DAY	YR.	<input type="checkbox"/> YES <input type="checkbox"/> NO					
NAME AND TITLE OF IMMEDIATE SUPERVISOR						NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED					
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)											

NAME AND COMPLETE ADDRESS OF EMPLOYER

TYPE BUSINESS

TITLE OF YOUR POSITION

DATES OF EMPLOYMENT

FROM: MO. DAY YR. TO: MO. DAY YR.

WAS THIS FULL-TIME EMPLOYMENT?  YES  NO

AVERAGE NUMBER OF HOURS WORKED PER WEEK:

BEGINNING SALARY

ENDING SALARY

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED

DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)

NAME AND COMPLETE ADDRESS OF EMPLOYER

TYPE BUSINESS

TITLE OF YOUR POSITION

DATES OF EMPLOYMENT

FROM: MO. DAY YR. TO: MO. DAY YR.

WAS THIS FULL-TIME EMPLOYMENT?  YES  NO

AVERAGE NUMBER OF HOURS WORKED PER WEEK:

BEGINNING SALARY

ENDING SALARY

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED

DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)

NAME AND COMPLETE ADDRESS OF EMPLOYER

TYPE BUSINESS

TITLE OF YOUR POSITION

DATES OF EMPLOYMENT

FROM: MO. DAY YR. TO: MO. DAY YR.

WAS THIS FULL-TIME EMPLOYMENT?  YES  NO

AVERAGE NUMBER OF HOURS WORKED PER WEEK:

BEGINNING SALARY

ENDING SALARY

NAME AND TITLE OF IMMEDIATE SUPERVISOR

NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED

DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)