



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

** Required field*

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		

** Required field*

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

** Required field*

Job Duties (give details)

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)

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)

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)

Reason For Leaving