



State of Louisiana

Employment Application

civilservice.la.gov

Additional Information

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

*Are you an Army Pays participant? Yes No

*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

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

Does not apply/None of the above

* Required field



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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 on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea to a felony charge? _____ Yes _____ No

If "Yes", please give the law enforcement authority (city, police, sheriff, FBI, etc.), the offense, place, and disposition of case below.

*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

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

* Required field



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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)

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 _____

* Required field