



EDUCATION

16. Circle the last grade of school you completed:  
 Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 GED

List your education since high school including colleges, business, trade, correspondence, and military service schools.  
**Colleges, Universities and Junior Colleges Attended**

NAME AND LOCATION	Date Attended		Credit Hours	Major	Degree and Year Completed
	From	To			

**Business or Trade Schools**

NAME AND LOCATION	Date Attended		Courses Completed	Date of Diploma or Certificate
	From	To		

**Correspondence or Military Courses Completed**

NAME AND LOCATION	Length of Course	Courses Completed	Date Completed

MILITARY SERVICE

17. Are you claiming Veteran's Preference?  If yes, then complete the following and present your DD214 before taking test.  
 Branch of Service (Army, Navy, etc.) Rank at time of Separation

Date Entered Active Duty Date	Separated From Active Duty	Military Occupation Specialty
	Retired Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was Service Performed on active Full Time Basis With Full Time Pay and Allowance		Yes <input type="checkbox"/> No <input type="checkbox"/>

18. Experience: Begin with your present or latest position and work backwards. Account for all periods of employment or unemployment. GIVE YOUR DUTIES AND RESPONSIBILITIES IN SUCH DETAIL AS TO MAKE YOUR QUALIFICATIONS CLEAR.

**1) PRESENT OR LAST POSITION**

From \_\_\_\_\_ to \_\_\_\_\_  
Month Yr Month Yr

Exact Title of Your Position: \_\_\_\_\_  
 Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_, Final \$ \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Kind of Business or Organization: \_\_\_\_\_  
 Was this a Supervisory Position? \_\_\_\_\_  
 Name and Title of Your Immediate Supervisor: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Duties and Responsibilities:

2) NEXT PREVIOUS POSITION

From \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_  
Month Yr. Month Yr.

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Kind of Business or Organization: \_\_\_\_\_  
Was this a Supervisory Position? \_\_\_\_\_  
Name and Title of Your Immediate Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Exact Title of Your Position: \_\_\_\_\_

Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_, Final \$ \_\_\_\_\_

Duties and Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) NEXT PREVIOUS POSITION

From \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_  
Month Yr. Month Yr.

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Kind of Business or Organization: \_\_\_\_\_  
Was this a Supervisory Position? \_\_\_\_\_  
Name and Title of Your Immediate Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Exact Title of Your Position: \_\_\_\_\_

Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_, Final \$ \_\_\_\_\_

Duties and Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) NEXT PREVIOUS POSITION

From \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_  
Month Yr. Month Yr.

Name of Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Kind of Business or Organization: \_\_\_\_\_  
Was this a Supervisory Position? \_\_\_\_\_  
Name and Title of Your Immediate Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Exact Title of Your Position: \_\_\_\_\_

Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_, Final \$ \_\_\_\_\_

Duties and Responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. List volunteer experience here:

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

**5) NEXT PREVIOUS POSITION**

Exact Title of Your Position: \_\_\_\_\_

From \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_  
Month Yr. Month Yr.

Salary: Starting \$ \_\_\_\_\_ per \_\_\_\_\_, Final \$ \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Duties and Responsibilities:

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Kind of Business or Organization: \_\_\_\_\_

Was this a Supervisory Position? \_\_\_\_\_

Name and Title of Your Immediate Supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

REFERENCES

20. List three persons (do not list relatives or people who have worked for you) who have definite knowledge of your qualifications and fitness for the position for which you are applying.

FULL NAME	ADDRESS (Complete)	PHONE NO.	BUSINESS or OCCUPATION

REMARKS

21. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOU MUST SIGN APPLICATION**

I certify that all statements made in this application are true, complete and correct to the best of my knowledge. I realize that any misrepresentation herein may cause my application to be rejected, my name removed from the employment list, or I may be subject to dismissal from the employment of the Lafayette Consolidated Government.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**LAFAYETTE CONSOLIDATED GOVERNMENT**  
**PROSPECTIVE EMPLOYEE DISCLOSURE FORM**  
**REGARDING LA. R.S. 42:1119 - NEPOTISM**

**Statement of Purpose:** In certain circumstances, the Louisiana Ethics Code, particularly La. R.S. 42:1119, prohibits LCG from hiring the immediate family members<sup>1</sup> of its agency heads, governing authority members (City and Parish Councils), and/or members of its boards and commissions. An affirmative response on this form does not automatically disqualify you from employment with LCG. Rather, completion of this form is a safeguard designed to aid you and LCG in complying with La. R.S. 42:1119.

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (cell) \_\_\_\_\_ E-mail: \_\_\_\_\_

(home) \_\_\_\_\_

Is any member of your immediate family (see footnote 1) currently employed by the City of Lafayette, the Parish of Lafayette, and/or the Lafayette Consolidated Government, or does any member of your immediate family serve in an appointed or elected position for the City of Lafayette, the Parish of Lafayette, and/or the Lafayette Consolidated Government, including but not limited any LCG boards or commissions on the list attached to this form?

Yes

No

If Yes, provide the following:

Name(s) of Immediate Family Member(s): \_\_\_\_\_  
\_\_\_\_\_

Title(s)/Position(s) Held: \_\_\_\_\_  
\_\_\_\_\_

Relationship(s) to You: \_\_\_\_\_  
\_\_\_\_\_

Signature of Prospective Employee: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> "Immediate Family" includes your children, spouses of your children (daughters-in-law and sons-in-law), your brothers and sisters, the spouses of your brothers and sisters (brothers-in-law and sisters-in-law), your parents, your spouse, and the parents of your spouse (mother-in-law and father-in-law).

