LCG FORM #007A (R/03/16)

DEADLINE: _____ Noon

LAFAYETTE CONSOLIDATED GOVERNMENT

[redacted] SERVICE SYSTEM

705 WEST UNIVERSITY AVENUE
P.O. BOX 4017-C
LAFAYETTE, LOUISIANA 70502
[redacted]
www.LafayetteLA.gov

NOTICE:
Resumes will not be accepted in lieu of this completed form.

APPLICATION FOR EMPLOYMENT

Fill out this application using a computer or print in ink. To avoid delay in processing please give complete and accurate information.

IDENTIFICATION

THE FOLLOWING IS NECESSARY TO NOTIFY YOU OF EXAMINATION RESULTS AND/OR INTERVIEWS ONLY.

1. Position applied for: _____

2. Name: _____
   LAST FIRST MIDDLE

3. Mailing Address: _____
   Number Street Apartment Number

   _____
   City State Zip Code

4. Phone: _____ _____ _____
   Home # Cell Phone # Other #

5. Social Security Number: _____ Email: _____

DO NOT WRITE IN THIS SPACE

VP	RI	SS	R'ced by:

PERSONAL DATA

ANSWER THE FOLLOWING QUESTIONS BY PLACING AN X" UNDER "YES" or "NO"	YES	NO
6. Are you a citizen of the United States?	☐	☐
7. If not a citizen of the United States, are you a registered alien with government permission to work in this country?	☐	☐
8. May inquiry be made of your present employer concerning your work record, qualifications, etc.?	☐	☐
9. Have you in the past worked, full-time or part-time for the: ☐ former City of Lafayette Government? ☐ former Lafayette Parish Government? ☐ Lafayette Consolidated Government? If yes, please check the appropriate agency and state which department below. _____	☐	☐
10. Do you currently work for the Lafayette Consolidated Government? If yes, state which department. _____	☐	☐
11. Within the past 7 years have you been discharged from a position because your work or conduct was unsatisfactory? If yes, explain in item #21 on back.	☐	☐
12. May inquiry be made of your past employer concerning your work record, qualifications, etc.?	☐	☐
13. Have you ever been CONVICTED, PLACED ON PROBATION, OR A SUSPENDED SENTENCE, for an offense other than minor traffic violations? (Convictions are not necessarily a bar to employment). If yes, explain in Item #22 on back.	☐	☐

SPECIAL QUALIFICATIONS

14. If you have a disability and require some testing assistance, (e.g. enlarged print, etc.) explain on separate sheet of paper and advise Civil Service staff before the test.

15. List any licenses, certifications or other professional registrations.

_____
_____
_____
_____
_____
_____

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 From	Date Attended To	Credit Hours	Major	Degree and Year Completed

Business or Trade Schools

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

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 ☐ No ☐	

Was Service Performed on active Full Time Basis With Full Time Pay and Allowance Yes ☐ No ☐

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 _____ (Month), _____ (Yr) to _____ (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:

EMPLOYMENT HISTORY

2) NEXT PREVIOUS POSITION

From _____ (Month), _____ (Yr.) to _____ (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 _____ (Month), _____ (Yr.) to _____ (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 _____ (Month), _____ (Yr) to _____ (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

From _____ (Month) , _____ (Yr.) to _____ (Month) , _____ (Yr.)

Exact Title of Your Position: _____

Salary: Starting $_____ per _____, Final $_____

Duties and Responsibilities:

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: _____

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[1] 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: _____

[1] "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).