

STATE PRE-EMPLOYMENT APPLICATION

STATE OF LOUISIANA
DEPARTMENT OF CIVIL SERVICE
P.O. Box 94111, Capitol Station
Baton Rouge, Louisiana 70804-9111

FOR OFFICE USE

Special _____
 Promo _____
 Action(s) _____
 Session _____
 Data Entry Completed _____

1. TEST LOCATION-Check only one.

AN EQUAL OPPORTUNITY EMPLOYER

Baton Rouge (3) (Weekday) New Orleans (6) (Weekday) Lafayette (4) (Sat. only) Shreveport (7) (Sat. only)
 New Orleans (12) (Saturday) Lake Charles (5) (Sat. only) West Monroe (8) (Sat. only)

2. Enter Name and Complete Address below.

3. Parish of Residence

4. Are you 18 or older?
 Yes No

5. Other names ever used on SF-10

NAME - First Middle Last
 Mailing Address
 City State Zip Code

6. Social Security Number
 (For identification purpose)

Work Telephone No.

Home Telephone No.

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7. REGISTER TITLE(S) APPLIED FOR

FOR OFFICE USE

ADDITIONAL TITLES

FOR OFFICE USE

	FOR OFFICE USE					ADDITIONAL TITLES	FOR OFFICE USE					JS No.	
	SER	CD	REJ	GRD	TR		SER	CD	REJ	GRD	TR		V.P.

ALL TITLES LISTED ABOVE MUST HAVE THE SAME SERIES NO.

8. JOB LOCATION AVAILABILITY - IMPORTANT: Read Item 9 on the Instruction Page before completing this item. Mark at least one (1), but no more than twenty (20) parishes.

01 Acadia	09 Caddo	17 E. Baton Rouge	25 Jackson	33 Madison	41 Red River	49 St. Landry	57 Vermillion
02 Allen	10 Calcasieu	18 E. Carroll	26 Jefferson	34 Morehouse	42 Richland	50 St. Martin	58 Vernon
03 Ascension	11 Caldwell	19 E. Feliciana	27 Jeff Davis	35 Natchitoches	43 Sabine	51 St. Mary	59 Washington
04 Assumption	12 Cameron	20 Evangeline	28 Lafayette	36 Orleans	44 St. Bernard	52 St. Tammany	60 Webster
05 Avoyelles	13 Catahoula	21 Franklin	29 Lafourche	37 Ouachita	45 St. Charles	53 Tangipahoa	61 W. Baton Rouge
06 Beauregard	14 Claiborne	22 Grant	30 LaSalle	38 Plaquemines	46 St. Helena	54 Tensas	62 W. Carroll
07 Bienville	15 Concordia	23 Iberia	31 Lincoln	39 Pte. Coupee	47 St. James	55 Terrebonne	63 W. Feliciana
08 Bossier	16 DeSoto	24 Iberville	32 Livingston	40 Rapides	48 St. John	56 Union	64 Winn

9. Permanent Temporary—Type of employment you will accept

NOTE: Most Temporary Appointments are 3 - 12 months

10. YES NO Do you possess a valid driver's license?
 11. YES NO Do you possess a valid commercial driver's license?
 12. YES NO Are you currently holding or running for an elective public office?
 13. YES NO Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea?
 14. YES NO Have you ever been fired from a job or resigned to avoid dismissal?

NOTE: If answers to Items 13 and/or 14 are "YES", you MUST complete Item 24 on Page 2 of this application

15. YES NO Are you claiming Veteran's Preference points on this application? (If "YES", see Item 20 on Page 2.)

The following information is collected to complete Equal Opportunity Reports required by law. You ARE NOT LEGALLY OBLIGATED to provide this information.

16. RACIAL/ETHNIC GROUP 16A. DATE OF BIRTH 17. SEX
 Male Female

I HAVE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION:

18. Date _____ Social Security No. _____
 (for verification)

19. Signature of Applicant _____

AUTHORITY TO RELEASE INFORMATION: 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, personnel technicians, 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 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.

20. ACTIVE MILITARY SERVICE/VETERAN'S PREFERENCE
 See Item 10 on the Instruction Page to determine your eligibility for Veteran's Preference. If you are a first-time applicant or if you are claiming Veteran's Preference for the first time, required PROOF MUST BE ATTACHED to this application to have preference points added to your score.

List the dates (month and year) and branch for all ACTIVE DUTY military service. Was this service performed on an active, full-time basis with full pay and allowances? (Check YES or NO for each period of service.)

FROM	TO	BRANCH OF SERVICE	YES	NO

List all GRADES held and dates of each grade. Begin with the highest grade. IMPORTANT: Use E-, O-, or WO-grade.

FROM	TO	GRADE HELD	FROM	TO	GRADE HELD

21. TRAINING AND EDUCATION

YES Date received _____

Have you received a high school diploma or equivalency certificate?

NO Highest grade completed _____

A. LIST BUSINESS OR TECHNICAL COLLEGES ATTENDED

NAME/LOCATION OF SCHOOL	Dates Attended (Month & Year)		Did You Graduate?		TITLE OF PROGRAM	CLOCK HOURS PER WEEK
	FROM	TO	YES	NO		

List any accounting practice sets completed: _____

B. LIST COLLEGES OR UNIVERSITIES ATTENDED (Include graduate or professional schools)

NAME OF COLLEGE OR UNIVERSITY/ CITY AND STATE	Dates Attended (Month & Year)		Total Credit Hours Earned		Type of Degree Earned	Major Field of Study	Date Degree Received (Month & Yr.)
	FROM	TO	Semester	Quarter			

C. MAJOR SUBJECTS

CHIEF UNDERGRADUATE SUBJECTS (Show Major on Line 1.)	Total Credit Hours Earned		CHIEF GRADUATE SUBJECTS (Show Major on Line 1.)	Total Credit Hours Earned Semester or Qtr.
	Semester	Quarter		
1				
2				
3				

22. LICENSES AND CERTIFICATION				23. TYPING SPEED	
List any job-related licenses or certificates that you have (CPA, lawyer, registered nurse, etc.)					
TYPE OF LICENSE OR CERTIFICATE (Specify Which One)	DATE ORIGINALLY LICENSED/ CERTIFIED	EXPIRATION DATE	NAME AND ADDRESS OF LICENSING OR CERTIFYING AGENCY	WPM	
				DICTATION SPEED	
1					
2					

24. Explain a "YES" answer to Items 13 and/or 14 here. A "YES" ANSWER WILL NOT NECESSARILY BAR YOU FROM STATE EMPLOYMENT. WE WILL CONSIDER THE DATE, FACTS, AND CIRCUMSTANCES OF EACH INDIVIDUAL CASE. For Item 13, give the law enforcement authority (city police, sheriff, FBI, etc.), the offense, date of offense, place, and disposition of case.

 Name _____

