

CITY OF ALEXANDRIA
CIVIL SERVICE DEPARTMENT
625 MURRAY STREET, 3RD FLOOR
P.O. BOX 71
ALEXANDRIA, LA 71309
(318) 449-5077
civilservice@cityofalex.com

THE CITY OF ALEXANDRIA IS AN EQUAL OPPORTUNITY EMPLOYER.

APPLICATION FOR EMPLOYMENT

Position: _____

Date: _____

PERSONAL INFORMATION

Name:

Last

First

MI

Mailing Address: _____

Number

Street

Apt. No.

City

State

Zip

Contact Information: _____

Primary Phone

Alternate Phone

Email Address: _____

Are you legally authorized to work in the United States? Yes ___ No ___

Are you currently employed by the City of Alexandria? Yes ___ No ___ Department: _____

Have you previously been employed by the City of Alexandria? Yes ___ No ___ If yes, please complete information below:

Department: _____ Supervisor: _____ From: _____ To: _____

Have you ever been known by any other name(s) which the City of Alexandria will require to verify any of the information contained in this application? Yes ___ No ___ If yes, list name(s) below.

Name(s): _____

PERSONAL REFERENCES

Please provide the names, addresses and telephone numbers of three (3) persons other than relatives and employers who have knowledge of you character, experience, or ability.

Name

Email Address

Phone

1. _____

2. _____

3. _____

EDUCATION

Educational requirements are met only through accredited institutions recognized by the United States Department of Education. To receive credit for education points, attach copies of educational documents or certificates. Partial credit may be awarded for completing college credits. Failure to submit documentation will result in a lower score.

Circle Highest Grade Completed: K - 12: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 +

Did you graduate from High School or obtain a GED? Yes ____ No ____

Name of High School: _____ City and State: _____

List education since High School:

Name: _____ Credit Hours: _____ Did you graduate? Yes ____ No ____

Location: _____ Degree Received: _____

Major(s): _____

Name: _____ Credit Hours: _____ Did you graduate? Yes ____ No ____

Location: _____ Degree Received: _____

Major(s): _____

Name: _____ Credit Hours: _____ Did you graduate? Yes ____ No ____

Location: _____ Degree Received: _____

Major(s): _____

PROFESSIONAL LICENSES & CERTIFICATIONS

List all professional certifications and licenses and any other training, skills, aptitudes, and qualifications relevant to the type of employment you are seeking at the City of Alexandria. To receive credit for training courses, such as software, leadership courses, etc., attach copies of certificates and diplomas.

License/Certification	Specialization	License#	Expiration

EMPLOYMENT

Please give accurate, complete full-time and part-time employment records. **Start with present or most recent employer.** If necessary, attach additional pages. Months and years must be indicated for the start and end dates of each job held. "Present" shall be used to indicate you are still employed. If hours worked are omitted, you will not get credit for that period of employment. If the hours varied, list a range such as "10-15" hours. If you often worked overtime, "40+" is acceptable. Title of position held should be your official title and not a working title or multiple titles. Please include detailed descriptions of your job duties/responsibilities.

Present or Last Employment: May we contact your present employer? Yes ____ No ____

Company Name: _____ Telephone No. () _____

Address: _____

Exact Position Title: _____ Name of Supervisor: _____

Employed (Month and Year) From: ____/____ To: ____/____ Type of Business: _____

Hours Worked Per Week: _____ Salary: Starting \$ _____ per _____ Final \$ _____

Reason for Leaving: _____

Duties and Responsibilities: _____

Next Previous Employment:

Company Name: _____ Telephone No. () _____

Address: _____

Exact Position Title: _____ Name of Supervisor: _____

Employed (Month and Year) From: ____/____ To: ____/____ Type of Business: _____

Hours Worked Per Week: _____ Salary: Starting \$ _____ per _____ Final \$ _____

Reason for Leaving: _____

Duties and Responsibilities: _____

EMPLOYMENT (Continued)

Next Previous Employment:

Company Name: _____ Telephone No. () _____

Address: _____

Exact Position Title: _____ Name of Supervisor: _____

Employed (Month and Year) From: ____/____ To: ____/____ Type of Business: _____

Hours Worked Per Week: _____ Salary: Starting \$ _____ per _____ Final \$ _____

Reason for Leaving: _____

Duties and Responsibilities: _____

Next Previous Employment:

Company Name: _____ Telephone No. () _____

Address: _____

Exact Position Title: _____ Name of Supervisor: _____

Employed (Month and Year) From: ____/____ To: ____/____ Type of Business: _____

Hours Worked Per Week: _____ Salary: Starting \$ _____ per _____ Final \$ _____

Reason for Leaving: _____

Duties and Responsibilities: _____

List relevant volunteer experience to receive credit for the experience. Proof of volunteer experience, such as a letter from the organization, must be attached to your application. If necessary, attach additional pages.

Name of Organization: _____ Nature of Work: _____

Dates: From: ____/____ To: ____/____ Average No. of Worked Per Week: _____ Contact Person: _____

Name of Organization: _____ Nature of Work: _____

Dates: From: ____/____ To: ____/____ Average No. of Worked Per Week: _____ Contact Person: _____

SKILLS

Please indicate any skills you may possess:

Excel / Lotus PowerPoint Outlook Typing (_____ wpm)
 Word / WordPerfect Access Other Software: (Specify: _____)
 Dictaphone Copier Personal Computer Calculator Facsimile Machine
 Other Machinery / Equipment (Specify: _____)
 GIS Drafting Auto Cad
 ORACLE Other: (Specify: _____)
Language(s) Spoken or Written Fluently: _____

MILITARY SERVICE

To receive veteran preference points you must submit your DD214 and/or proof of service connected disability.

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Date of active service: From: ____/____/____ To: ____/____/____

Rank at Time
of Separation: _____

Military Occupation
Specialty: _____

DRIVING RECORD

Do you have a valid driver's license? Yes No

Driver's License Information: _____
Number State Expiration Date Class

Has your driver's license ever been suspended or revoked? Yes No If yes, specify conditions that led to suspension or revocation, dates, and current disposition:

NEPOTISM STATEMENT

It is the practice of Civil Service that persons considered for employment or promotion shall be evaluated on the basis of individual merit, including qualifications, experience and training, and will not discriminate in or improperly favor an individual in the hiring process, for promotions, or for increases in wages on the basis of a family relationship. The purpose of this Rule is to prevent improper favoritism in employment based upon family or personal relationships within the City's service. For the purpose of this application, "immediate family" or "relative" applies to individuals who are related by blood, marriage, or adoption, including the following relationships: spouse, parent, brother, sister, son, daughter, grandparent, grandson, granddaughter, aunt, uncle, niece, nephew, first cousin, guardian, or ward and also includes step-, half-, and in-law relations of this same list.

Do you have immediate family or a relative employed by the City of Alexandria? Yes No If yes, please list below:

Relative's Name Relationship Department

EQUIPMENT SKILLS

Are you applying for a position that operates equipment or a vehicle? Y ___ N ___

If yes, do you have experience operating equipment? Y ___ N ___ If so, please indicate how much and where acquired.

Total Years	Equipment	Employer	Total Years	Equipment	Employer
___	Bush hog – 6 ft.	_____	___	Blower	_____
___	Bush hog – 15 ft.	_____	___	Chainsaw	_____
___	Grooming Mower	_____	___	Weed eater	_____
___	John Deer Tractor	_____	___	Bull Dozer	_____
___	Boom Truck	_____	___	Track Hoe	_____
___	Street Sweeper	_____	___	Dump Truck	_____
___	Jetaway	_____	___	Backhoe	_____
___	Shuttle Truck	_____	___	Motor Grader	_____
___	85-100 HP Tractor w/ Slope Mower Attachment	_____	___	85-100 HP Tractor with 19.5 ft. Flair Mower Attachment	_____
___	Grade-All (Ditch Digger)	_____	___	Vacuum Sweeper With Air Brakes	_____
___	Tractor Trailer (18-wheeler)	_____	___	Garbage or Refuse Truck	_____
___	Combination Flusher/Vacuum Truck	_____	___	Grabber Truck	_____
___	Tractor w/ 8 ft. Sweepster Attachment	_____	___	Track Trailer & Tractor (Does not Exceed 26,000 lbs.)	_____
___	763 G Bobcat (forklift)	_____	___	Front-end Loader	_____
___	School Bus	_____	___	Other: (specify below)	_____
___	Tourist Bus	_____	___	_____	_____
___	Transit Bus	_____	___	_____	_____

PLEASE READ CAREFULLY BEFORE SIGNING. 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 City of Alexandria.

Signature _____ **Date:** _____

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment.

SPECIAL ACCOMODATIONS

Are you disabled as defined by the Americans with Disabilities Act? ___ Yes ___ No
Do you require reasonable accommodations to satisfactorily perform the essential job duties of the position for which you are applying?
(Please request and review the job description.)

If you feel that you require assistance in the testing process due to a disability, please specify special accommodations you may need, i.e. reader, interpreter, etc.

STATISTICAL INFORMATION

The following information helps us to assess our recruiting efforts, as well as to monitor the progress of our Equal Employment Opportunity Program. The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records and only accessed. Thank you for your participation.

DATE OF BIRTH: _____ **GENDER:** Male ___ Female ___

RACE / ETHNICITY: Please check one of the descriptions below corresponding to the ethnic group with which you identify.

___ **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)

___ **White** (Not Hispanic or Latino) (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

___ **Black or African American** (Not Hispanic or Latino) (A person having origins in any of the black racial groups of Africa)

___ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) (A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands)

___ **Asian** (Not Hispanic or Latino) (A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

___ **American Indian or Alaska Native** (Not Hispanic or Latino) (A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.)

___ **Two or More Races** (Not Hispanic or Latino)(All persons who identify with more than one of the above five races.)

VETERAN STATUS: Non-Veteran ___ Veteran ___ Disabled Veteran ___

HOW DID YOU HEAR ABOUT THE JOB FOR WHICH YOU APPLIED?

___ The Town Talk ___ Out-of-Town newspaper ___ Professional Journal
___ City's webpage ___ Civil Service Bulletin Board ___ City employee
___ LAWorks ___ Internet ___ other _____