

CITY OF ALEXANDRIA CIVIL SERVICE DEPARTMENT
625 MURRAY ST. 3RD FLOOR/P.O. BOX 71, ALEXANDRIA LA 71309
PH.: (318)449-5030 FAX: (318)619-3407
EMAIL: CIVILSERVICE@CITYOFALEX.COM
EQUAL OPPORTUNITY EMPLOYER

CITY OF ALEXANDRIA
APPLICATION FOR EMPLOYMENT

Position: _____

Date: _____

PERSONAL INFORMATION

Name: _____

_____ Last

_____ First

_____ MI

Mailing Address: _____

_____ Number

_____ Street

_____ Apt. No.

_____ City

_____ State

_____ Zip

Contact Information: _____

_____ Home

_____ Cell

_____ Business

_____ Alternate

Email Address: _____

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

Other Contact for Messages: Name: _____

Phone: _____

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

Mailing 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

Under penalties of perjury, I declare that my answers to the questions on this application and any necessary examinations and supplements are true and give to the City of Alexandria the right to investigate all information given and to secure additional information, if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credential verification, personal identity verification, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith. I also authorize the release of my scholastic ratings to the City of Alexandria by schools or other education institutions that I have attended.

I understand that it is my responsibility to inform or notify Civil Service of any life or household changes that may impact or affect my response to the Nepotism Request section of this application during the recruitment process or at the time an offer of employment is made for a position.

I understand that the completion of this application does not assure me of a position with the City of Alexandria and does not obligate the City of Alexandria to me in any way. I further understand that any misrepresentation herein may cause my application to be rejected, my name to be removed from the eligibility list and/or subject me to dismissal. Candidates selected for hire must pass a physical examination and drug and alcohol screening prior to employment. I am aware that the results will be made available to the Human Resources Director or a duly-authorized representative, as well as the Civil Service Director. The City of Alexandria is committed to a drug-free work place to protect the safety of workers and the public.

I understand that this application, exam documents, and attachments become a part of the City of Alexandria's records and will not be returned, reused, or copied for me once submitted. I am also aware that my application is subject to the Louisiana open records law and may be released as a public document.

By my signature below, I certify, authorize, and acknowledge the above statements.

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: _____

**CITY OF ALEXANDRIA
CONVICTION HISTORY RELEASE FORM**

Title of Position I am Applying For: _____

Applicant Information: (Please print clearly.)

Last Name: _____ First Name: _____ Middle Initial: ____

Social Security No.: _____ Date of Birth: _____

Driver's License No.: _____ State Issuing License: _____

Type of License: _____ Valid Until: _____

Street Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Have you ever been convicted of any violations of law by any court, including a military court, other than minor traffic violations? A conviction includes a plea, a verdict, or other finding of guilt, including any convictions for which you have received a pardon. _____ Yes _____ No

If you answered yes, please provide the following information for each conviction. You may voluntarily provide an explanation that you wish to have considered as part of your application. Please use additional pages as necessary to fully disclose all convictions.

Violation and Date: _____ Location: _____

A conviction of any violation of law by any court does not exclude you from consideration for employment with the City of Alexandria. Factors, such as age and time of the offense, seriousness and nature of the violation, and rehabilitation, will be taken into account. By my signature below, I hereby certify that all statements made in the Conviction History Waiver form are true. I also understand that at some point of the employment process the City of Alexandria will review my Conviction History form and verify the information through a law enforcement agency. I also realize my failure to properly complete this form may result in forfeiture of my rights to employment with the City.

My signature also authorizes any law enforcement agency to release all available information to the City of Alexandria's Human Resources Department and said agency will not be held liable for supplying the requested information.

Signature of Applicant

Date