



CITY OF ALEXANDRIA CIVIL SERVICE DEPARTMENT
625 Murray Street, 3rd Floor / Post Office Box 71
Alexandria, Louisiana 71309
Phone: (318) 449-5020 / Fax: (318) 619-3407

The City of Alexandria is an Equal Opportunity Employer.

Instructions for Completing the Application for Employment

The Civil Service Department posts notices of job opportunities with the City of Alexandria at the Civil Service Department's Offices, in the Classified Section of the Town Talk newspaper's Sunday edition, on Channel 4, and on the City of Alexandria's website (cityofalexandrialouisiana.com). The job notice includes the job title, salary information, description of the work involved, qualification requirements, application deadline, etc. **Applications are accepted only when a job announcement is posted and must be received by the Civil Service Department prior to or on the closing date of the announcement. No application will be received after 4:00 p.m. on the closing date.** Applicants with a disability may request accommodations or assistance in completing the application and someone will assist you. Applicants will be notified whether their applications have been accepted or rejected. Qualified applicants will receive a letter when an assembled test is required and another letter advising of the test score. A competitive examination may include a written test, a rating of training and experience, a performance examination, an oral interview, or any combination of the above.

In an effort to ensure accuracy when completing your application, please read all of the instructions before completing the application form. Any misrepresentation in this application and/or attachments may cause your application to be rejected, your name to be removed from the eligibility list, and/or subject you to dismissal. Your signatures throughout the application will indicate you have read and understand the instructions.

1. Please read the minimum requirements for the job. The requirements have been adopted by the Alexandria Civil Service Commission and cannot be waived. Your name will not be placed on the eligibility list if the job specifically requires a degree, certification, license, specific courses / training, or skills.
2. A separate employment application is required for each job title for which you are applying. Copies of applications are encouraged as long as each copy is complete, legible, and originally signed.
3. Type or print applications in blue or black ink. Applications written in pencil or copies that are too light or damaged (bent, rolled, stained, etc.) will not be acceptable.
4. A response must be made to all items on the application. Leave no items blank. If an item does not apply, write "N/A" to indicate it is not applicable to you. Do not write "See Resume". All areas must be completed. Failure to give complete information may result in rejection of your application or may lower your score where such information is credited as part of the final grade.
5. To avoid delays in processing, it is very important that you provide all information on the application and supplements to the application that indicates your education, experience, and training. A detailed resume may be submitted with your application. If you choose to submit a resume with your application, it will be used in the qualifying process. A resume will not be accepted without an application.
6. Applications not received in the office by the posted deadline will not be considered for employment. There are no exceptions.
7. The Civil Service Department cannot be held responsible for failure of an applicant to receive an admission letter to an examination or for failure to receive an application and/or materials mailed by the applicant. It is your responsibility to notify the Civil Service Department when you change your contact information, such as your home address, e-mail address, or telephone number.
8. Remember to sign and date your application where indicated and submit your driver's license and supporting documentation.
9. Once submitted, your application and attachments will not be returned, reused, or copied for you.
10. Should you have any questions about your application or the vacancy, please call the number listed above.

Signature: _____ Date: _____

**CITY OF ALEXANDRIA
APPLICATION FOR EMPLOYMENT**

Position You Are Applying For: _____ Date: _____

Full-Time ____ Part-Time ____ Provisional ____ Transient ____ Student Worker ____

Intern ____ Contractual ____ Conditional ____

PERSONAL INFORMATION

Name: _____ Social Security No: _____/_____/_____
Last First Middle Initial

Mailing Address: _____
Number Street Apt No. City Parish State Zip Code

Contact Information: _____
Home No. Cell No. Business No. Alternate No.

Email Address: _____ Are you a U.S. Citizen? Yes ____ No ____

If not a citizen, do you have a Visa which allows employment? Yes ____ No ____ Date Visa Expires: _____

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 _____

Other Contact for Messages: Name: _____ Phone No: _____

In the event of emergency, notify: Name: _____ Home No: _____

Address _____ Cell No: _____

Do you currently hold or are you a candidate for any elective office? Yes ____ No ____ If yes, please explain below:

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, give name(s) below.

Name: _____ Name: _____

Name: _____ Name: _____

PERSONAL REFERENCES

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

Name	Address City, State, & Zip Code	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION

Educational requirements are met only through accredited institutions recognized by the United States Department of Education. In order to receive credit for education points, original education, certification, and similar documents are required with employment applications. Even if you did not complete college, it is to your advantage to submit a transcript of completed courses because partial credit may be awarded when a job does not specifically require a degree. Failure to submit original 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 ____ Date of Diploma or GED:: _____

Name of High School: _____ City and State: _____

List of education since High School: Colleges, Junior Colleges, Universities, Technical/Vocational

Name: _____ Dates Attended From: _____ To: _____

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

Degree Received and Year: _____

Major Subject(s): _____

Name: _____ Dates Attended From: _____ To: _____

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

Degree Received and Year: _____

Major Subject(s): _____

Name: _____ Dates Attended From: _____ To: _____

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

Degree Received and Year: _____

Major Subject(s): _____

List any other training, skills, aptitudes, and qualifications which you feel are relevant to the type of employment you are seeking at the City of Alexandria. In order to receive credit for short courses completed, such as software, leadership courses, etc., please provide certificates and diplomas.

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 volunteer experience here. If relevant to the vacancy for which you are applying, you will 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:

PROFESSIONAL LICENSES AND CERTIFICATIONS (Not Your Driver's License)

All certifications and professional licenses need to be documented here. Please bring your original documents for proof of certification/licensure. We'll copy your originals and return them to you. When you renew a license or certification, bring your new documentation for us to copy so we can update your record.

<u>Professional License or Certification Issued By</u>	<u>Field/Trade Specialization</u>	<u>License Number</u>	<u>Issue Date</u>	<u>Expiration Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EQUIPMENT SKILLS

Are you applying for a position that operates equipment or a vehicle? Yes _____ No _____

If yes, please check beside the equipment you've operated and provide the number of month's experience.

# of Months Exp.	Equipment	Employer		# of Months Exp.	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	_____		_____	_____	_____
				_____	_____	_____

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 the relationships below:

Relative's Name	Relationship	Employing Department
_____	_____	_____
_____	_____	_____

SPECIAL ACCOMMODATIONS

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.)

Yes _____ No _____

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:** (Please check one) ___ 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? PLEASE CHECK.

- | | | |
|--------------------------------|----------------------------------|--------------------------|
| ___ The Town Talk | ___ Out-of-Town Newspaper | ___ Professional Journal |
| ___ City's Webpage | ___ Civil Service Bulletin Board | ___ City Employee |
| ___ LA State Employment Office | ___ Internet | ___ Other: _____ |

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, I certify, authorize, and acknowledge the above statements.

Signature

Date

**PLEASE DO NOT FORGET TO COMPLETE
THE BACK OF THIS APPLICATION.**

**CITY OF ALEXANDRIA
CONVICTION HISTORY WAIVER 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: _____

Are you currently out on bail or out on your own recognizance pending trial? Yes No

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

Note: You must disclose a conviction that falls within one of the categories identified below:

- a. any record regarding a referral to or participation in any pretrial or post trial diversion program;
- b. any conviction where you have successfully completed a deferred entry of judgment program. If you are currently participating in a deferred entry program, you must disclose that conviction;
- c. a misdemeanor conviction for which probation was successfully completed or otherwise discharged and the case has been judicially dismissed; and
- d. any conviction while a juvenile (under 18 years of age).

If you answered yes to either of the above questions, please provide the following information for each arrest or conviction. You may voluntarily provide an explanation that you wish to have considered as part of your application. If you have more than one arrest or conviction to disclose, please use an additional piece of paper to supply the required information and attach to this form.

Violation: _____ Date of Violation: _____

Date and Place of Arrest or Conviction: _____

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

Witness