



**CITY OF OPELOUSAS
MUNICIPAL CIVIL SERVICE COMMISSION**

MUNICIPAL PLAZA - 105 N. MAIN STREET
OPELOUSAS, LOUISIANA 70570
(337) 948-2541

PLEASE RETURN COPIES OF
THE FOLLOWING WITH THE
APPLICATION

Voter's Registration Card
Social Security Card
Driver's License
DD214 (Veterans)
Resume
High School Transcript
College / Trade Transcript

APPLICATION FOR EMPLOYMENT

The City of Opelousas considers applicants for all positions without regards to race, color, religion, sex, national origin or age. The city does not discriminate on the basis of disability status.

Fill out this application on typewriter or print in ink. To avoid delay in processing, please give complete and accurate information. Failure to submit supplemental documents may cause your application to be rejected or delayed for processing.

IDENTIFICATION	1. Position applied for: _____		
	2. Name: _____		
	LAST	FIRST	MIDDLE
	3. Address: _____		
	NUMBER	STREET	APARTMENT NO.
	CITY	STATE	ZIP CODE
	4. Phone: _____		DO NOT WRITE IN THIS SPACE
	RESIDENCE	BUSINESS	
	5. Social Security Number: _____		
	R	H	
	NR	NH	

PERSONAL DATA	ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" UNDER "YES" OR "NO".	YES	NO	SPECIAL QUALIFICATIONS								
	6. Are you a citizen of the United States?			13. List any certifications. (Engineering, Plumbing, Water & Wastewater) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">NAME OF LICENSE</th> <th style="width: 30%;">EXPIRATION DATE</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	NAME OF LICENSE	EXPIRATION DATE						
	NAME OF LICENSE	EXPIRATION DATE										
	7. Are you a registered voter living in a 12-mile radius of the city limits?											
	8. Are you a registered voter of the state of Louisiana?											
9. Within the past 10 years, have you been removed from a position or resigned to avoid removal?												
10. Have you previously worked for the City of Opelousas?			14. If you are applying for clerical work, answer the following: Typing _____ wpm Shorthand _____ wpm List any office machines you are skilled in operating: _____ _____									
11. May inquiry be made of your present/past employer concerning your job qualifications, etc.?												
12. If appointed, do you consent to taking a pre-employment drug screening test and a background verification?												
			15. List other experience - skills - qualifications which especially fit you for the job you are applying for in item No. 21. _____ _____									

THE CITY OF OPELOUSAS IS AN EQUAL OPPORTUNITY EMPLOYER

16. EDUCATION / TRAINING

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. Please provide copy of diploma or certificate.

COLLEGES, UNIVERSITIES, AND JUNIOR COLLEGES ATTENDED

NAME AND LOCATION	Date Attended		Credit Hours	Major Course	Degree and Year
	From	To			

BUSINESS, TRADE, MILITARY, OR OTHER CORRESPONDENCE SCHOOLS ATTENDED

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

17. ACTIVE MILITARY SERVICE / VETERANS PREFERENCE

Five-points veteran's preference is given to veterans who receive passing scores and were honorably discharged from the U. S. Armed Forces. Ten points is given to disabled veterans with one or more service connected disabilities after presenting proof of service connected disabilities, and receiving a passing score on examination.

EDUCATION / TRAINING

MILITARY SERVICE

Branch of Service (Army, Navy, etc.)	Rank at Time of Separation	Type of Discharge (Honorable, Gen., Dishonorable)
Date Entered Active Duty	Date Separated From Active Duty RETIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	Military Occupational Specialty

Are you an honorably discharged (service connected) disabled veteran? **Yes No**

18. EXPERIENCE: Begin with your present or latest position and work backwards. Account for all periods or employment. Give your duties and responsibilities in such detail as to make your qualifications clear.

STUDY THE FOLLOWING EXAMPLE:

Place: Frankfort, KY. 09910

From: Oct., 19 64, to July, 19 69
Month Yr. Month Yr.

Commonwealth of Kentucky

Name of Employer
Finance Bldg., Auditor's Office. P. O. Box 10

Address:
Public Service

Kind of Business or Organization
Yes

Was this a Supervisory Position
A. C. Cole Asst. State Auditor

Name and Title of Your Immediate Supervisor
To Enter Army

Reason for Leaving

Exact Title of Your Position: Senior Auditor

Salary: Starting, \$ 910.00 per month Final, \$ 1099.00

Duties and Responsibilities: Made field audits of accounts of state departments or political subdivisions or of persons and business firms subject to taxation or regulation by the State. Made assignments and reviewed the work of assistants; prepared reports in connection with audits made; gave instructions and direction to public officials in connection with approved methods of accounting for public funds. Occasionally testified in courts on matters involving audits completed.

1) PRESENT OR LAST POSITION

Place _____
City State Zip Code

From _____, _____, to _____, _____
Month Yr. Month Yr.

Name of Employer _____

Address of Employer _____

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: _____

2) NEXT PREVIOUS POSITION

Place _____
City State Zip Code

From _____, _____, to _____, _____
Month Yr. Month Yr.

Name of Employer _____

Address of Employer _____

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

Place _____
City State Zip Code

From _____, _____, to _____, _____
Month Yr. Month Yr.

Name of Employer _____

Address of Employer _____

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

Place _____
 City State Zip Code

From _____, _____, to _____, _____
 Month Yr. Month Yr.

Name of Employer _____

Address of Employer _____

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: _____

REFERENCES

19. List three persons not related to you who have definite knowledge of your qualifications and skills for the position for which you are applying.

FULL NAME	MAILING ADDRESS & PHONE #	BUSINESS OR OCCUPATION

REMARKS

20. _____

AUTHORITY TO RELEASE INFORMATION

I consent to the release of information concerning my job capacity and fitness by employers, educational institutions, law enforcement agencies, hospitals, and other agencies to accredited personnel technicians and other authorized employees of the City of Opelousas for the purpose of investigation as prescribed by law.

If appointed to a position, I consent to the pre-employment drug testing as part of my physical examination and I also consent to a background verification and is conditional to my passing the physical, drug test and background verification.

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 eligible list, or I may be subject to dismissal from the employ of the City of Opelousas.

Signature	Date
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