

PERSONAL HISTORY FORM
DEPARTMENT OF CITY CIVIL SERVICE
 1340 POYDRAS STREET, SUITE 900
 NEW ORLEANS, LOUISIANA 70112
 APPLICATION OFFICE – SUITE 900
 Phone: (504) 658-3500 - Fax: (504) 658-3598

1. SOCIAL SECURITY NUMBER:

2. E-MAIL ADDRESS:

Be sure to complete all items accurately.

INSTRUCTIONS: A. Complete this form (both pages) and your *Application for Examination* and return them to the address above.
 B. It is NOT necessary to submit a separate *Personal History Form* with each application.
C. THIS FORM WILL NOT BE COMPLETE UNLESS SIGNED AND DATED ON PAGE 2.
D. PLEASE PRINT. RESUMES WILL ALSO BE ACCEPTED IN ADDITION TO THIS FORM.

| | |
|--|--|
| <p>3. NAME (Last) (First) (middle/maiden)</p> | <p>5. PHONE</p> |
| <p>4. ADDRESS (Number & Street) (Apartment) (City) (State) (Zip)</p> | <p>6. DATE OF BIRTH (month/day/year)</p> |
| <p>7a. Are you a U.S. citizen? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7b. If “no,” do you possess a current work visa? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>8. Are you a qualified voter of the City of New Orleans? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

9. EDUCATION AND TRAINING

| Circle last grade completed | Name & Address of School | Last year attended | High School diploma or G.E.D. received? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--------------------------------------|--------------------------|--------------------------------------|---|
| 1 2 3 4 5 6 7 8 9 10 11 12 | | | |
| Name of College or University | Location | Major: Minor: Degree: | Highest year completed: |
| | | | Years attended From: To: |
| Graduate School | Location | Program of Study: Degree: | Semester Hours Credit: |
| | | | Years attended From: To: |
| Business, Trade, Other School | Program of Study | Length of Program | % Completed |
| | | | Year Completed |
| | | | |

10. List any special job-related skills that you have acquired which are not covered above:

11. List any special licenses which you hold:

12. Do you possess a valid Louisiana driver’s license? Yes No If “yes”: what class?

13. Do you wish to claim Veteran’s Preference? If so, a DD-214 must be submitted.

Yes _____ No _____

If “yes,” which of the following is basis of eligibility?

- | | |
|------------------------------------|--|
| _____ Honorably discharged veteran | _____ Unremarried widow or widower of veteran |
| _____ Disabled veteran | _____ Unremarried widow, divorced, or separated |
| _____ Spouse of disabled veteran | _____ parent of person who died or became totally disabled in active service |

14. List any special accommodations you may need for testing (e.g., sign language, interpreting, etc.)

FOR STATISTICAL PURPOSES ONLY

| | |
|---|--|
| <p>15. SEX Female <input type="checkbox"/> Male <input type="checkbox"/></p> | <p>16. RACE/ETHNICITY American Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/></p> |
|---|--|

PAGE 2 - EMPLOYMENT RECORD. Beginning with your most recent job, list your work experience. Attach additional sheets if necessary. Be specific and complete. Most jobs have more than one major responsibility/duty. PLEASE INDICATE THE PERCENTAGE (%) OF TIME SPENT ON EACH DUTY. IF A JOB INCLUDED SUPERVISORY RESPONSIBILITY, PLEASE INDICATE THE NUMBER AND TITLES OF EMPLOYEES SUPERVISED. THIS FORM WILL NOT BE COMPLETE UNLESS SIGNED AND DATED AT THE BOTTOM OF THIS PAGE.

| | |
|--|---------------------------------|
| CURRENT OR MOST RECENT EMPLOYMENT | |
| Company _____ | Monthly Salary _____ |
| Address _____ | Title _____ |
| Duties: (See above instructions.) _____ | From _____ |
| _____ | (month) (year) |
| _____ | To _____ |
| _____ | (month) (year) |
| _____ | Full-time _____ Part-time _____ |
| Did you supervise others? _____ | If part-time, number of hours |
| Name of your immediate supervisor _____ | per week _____ |
| May we contact the company? _____ | Are you still employed? _____ |

| | |
|---|---------------------------------|
| NEXT MOST RECENT EMPLOYMENT | |
| Company _____ | Monthly Salary _____ |
| Address _____ | Title _____ |
| Duties: (See above instructions.) _____ | From _____ |
| _____ | (month) (year) |
| _____ | To _____ |
| _____ | (month) (year) |
| _____ | Full-time _____ Part-time _____ |
| Did you supervise others? _____ | If part-time, number of hours |
| Name of your immediate supervisor _____ | per week _____ |
| May we contact the company? _____ | Are you still employed? _____ |

| | |
|---|---------------------------------|
| NEXT MOST RECENT EMPLOYMENT | |
| Company _____ | Monthly Salary _____ |
| Address _____ | Title _____ |
| Duties: (See above instructions.) _____ | From _____ |
| _____ | (month) (year) |
| _____ | To _____ |
| _____ | (month) (year) |
| _____ | Full-time _____ Part-time _____ |
| Did you supervise others? _____ | If part-time, number of hours |
| Name of your immediate supervisor _____ | per week _____ |
| May we contact the company? _____ | Are you still employed? _____ |

IMPORTANT: Check to see that you have completed each item accurately. Your grade may depend on the information you give.

17. I hereby certify that this form contains no willful misrepresentation or falsification; that information given by me is true and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from the employment list and I may be disqualified from applying in the future for positions in the Civil Service of the City of New Orleans.

Signature: _____ Date: _____