

City of Slidell

2045 Second Street, Suite 202 ♦ P.O. Box 828 ♦ Slidell, LA 70459
(985) 646-4377 Fax (985) 646-6109 ♦ personnel@cityofslidell.org

Civil Service Personnel Department
Marianne White, Civil Service Personnel Director

Civil Service Board

CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION

I understand that a thorough investigation will be conducted to determine my qualifications and suitability for employment with the City of Slidell. **This investigation will include confidential interviews with prior employers and/or references as well as a criminal background investigation.** I understand that information obtained shall remain confidential, except as set forth herein, and the City of Slidell will not reveal the reason for rejection for those applicants who are not accepted.

I, _____, hereby waive any and all claims of
(Print name)

confidentiality against anyone who may have knowledge of my fitness for employment with the City of Slidell. I understand that the purpose of this examination is to determine my suitability for employment, and that the City of Slidell will not rely upon the results of this investigation for the purpose of discrimination based upon illegal criteria.

For and in consideration of the City of Slidell's receipt and processing of my application for employment, I agree to hold harmless the City of Slidell from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me. **I understand that should information of a serious nature surface as a result of this investigation; such information may be turned over to the proper authorities.**

Signature

Date

Social Security Number

Driver's License Number and State of Issue

Witness Signature

Date of Birth (Used For Identification Verification Only)

City of Slidell

Civil Service Personnel

2045 Second Street, Suite 202, P.O. Box 828, Slidell, LA 70459

Phone (985) 646-4377 Fax (985) 646-6109

Personnel@cityofslidell.org

Application for Employment

Position Applied For: _____ Date _____

Name: _____
Last First Middle

Address: _____
Street City State ZIP Code

Telephone: _____ Alt. Telephone: _____

Social Security: _____ Email Address: _____

Driver's License No. _____ Commercial Driver's License? Yes No (Class A ; Class B
(State of Issuance & Expiration Date)

AUTHORIZATION

I certify that all information I have provided in order to apply for and secure work with the City is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the City's employment, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law or by Civil Service Rules. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the forgoing express language are valid unless they are in writing and signed by the Mayor or his Chief of Staff.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Signed: _____

If you are under 18, and it is required, can you furnish a work permit? Yes No
 If no, please explain _____

Have you filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed by us before? Yes No
 If Yes, give dates and positions _____

Do you have immediate family members currently employed by the City of Slidell? Yes No
 Please list name(s) and relationship: _____

Are you currently employed? Yes No

May we contact your present employer? Later Yes No

On what date would you be available for work? _____ What is your desired salary range? \$ _____

Are you available to work: Full Time Part Time Temporary Seasonal Student

Are you able to meet the attendance requirements of the position? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony? Yes No
 If Yes, give full details, including: Nature of charge; date and location; law enforcement authority involved; disposition:

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate or Professional				
Other (Specify)				

Certifications Earned		
Certificate	Awarded By	Date Earned

Describe any specialized training, apprenticeship, skills and extra-curricular activities or Military service (include copy of DD 214).

Are you requesting veteran's preference?
(If yes, please include copy of DD 214)

Yes

No

Other Qualifications - Summarize special job-related skills and qualifications acquired from employment or other experience.

Personal References - List 3 References

Name	Telephone Number	Number of Years Known

Specialized Skills - Check Skills/Equipment Operated

PC Typewriter _____wpm Calculator Spreadsheets Powerpoint

Word Access Outlook Excel Fax

Other software programs or operating systems (list) : _____

Do you have any plumbing experience? _____

Do you have any safety training? _____

Please list small engine equipment you can operate (such as pumps, power saws, weed eaters, etc.): _____

Please list Heavy Equipment you can operate (such as backhoes, track hoes, front-end loaders, etc.): _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Include military service - attach copy of DD 214.

Employer	Dates Employed	Work Performed
Address	From:	
Telephone Number(s)	To:	
Job Title	Hourly Rate	
Immediate Supervisor	Starting Pay:	
Reason for Leaving	Final Pay:	

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If you need additional space, please continue on a separate sheet of paper.

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City of Slidell

Voluntary Affirmative Action Data

PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS, NOT FOR INTERVIEW PURPOSES, FILE SEPARATELY FROM APPLICATION.
 In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, which may apply, we request you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any employment decision. This information will be used and kept confidential in accordance with applicable laws and regulations.

Applicant Information

Position(s) Applied For: _____

Referral Source:

- | | | |
|---|--|---|
| <input type="checkbox"/> Governmental Employment Agency | <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Current Employee |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> School | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Advertisement - Located In: _____ | |

Person who referred you, if applicable: _____

Please select one of the following Equal Employment Opportunity Identifiers:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> White Male | <input type="checkbox"/> Hispanic Male | <input type="checkbox"/> Asian or Pacific Islander Male |
| <input type="checkbox"/> White Female | <input type="checkbox"/> Hispanic Female | <input type="checkbox"/> Asian or Pacific Islander Female |
| <input type="checkbox"/> Black Male | <input type="checkbox"/> Native American/Alaskan Native Male | |
| <input type="checkbox"/> Black Female | <input type="checkbox"/> Native American/Alaskan Native Female | |

Are you Handicapped? (Impairment which substantially limits one or more of a person's life activities.) Yes No

Are you a Disabled Veteran? (30% VA Compensation or discharged because of disability incurred in line of duty.) Yes No

Are you a Vietnam Era Veteran? (180 days Active Duty between 8/15/64 and 5/7/75.) Yes No

For Administrative Use

Position(s) Applied For: Current Opening No Current Opening

Month/Year _____



Invitation to Self Identify under VEVRAA

1. The City of Slidell is a government entity subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires the city to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) armed forces service medal veterans. These classifications are defined as follows:
 - A "disabled veteran" is one of the following:
 - a veteran of the U. S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
 - A "recently separated veteran" means any veteran during the three- year period beginning on the date of such veteran's discharge or release from active duty in the U. S. Military, ground, naval or air service.
 - An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
 - An "Armed forces service medal veteran" means a veteran who, while servicing on active duty in the U. S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government entity subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.

I AM NOT A PROTECTED VETERAN.