

Be sure to complete all items accurately.

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:

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)</p> <p>(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?</p> <p align="right">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"/></p> <p>Male <input type="checkbox"/></p>	<p>16. RACE/ ETHNICITY</p> <p>American Indian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/></p> <p>African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/></p>
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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: _____