			CIVIL SERVICE USE ONLY						
Ra	Work Experience	Y: M:							
OFFICE OF RA (318) 47 EMAIL	TYPE Work Experience								
SBRISH PO.	Valid Driver's License								
	ALEXANDRIA, LA 71301								
🤶 🔔 📜 🚛 💆 (318) 47			X:(318) 473-6698		HS Dipl / Transcript				
EMAIL			enlinkmail.com		GED / DD214				
	-	-			CPA / Notary / HazMat				
APPLICA	ΓΙΟΝ	FOR	EMPLOYM	ENT	DNM / No Show / WDA				
<b>NOTICE:</b> Resumes will not be accepted in lieu of this completed form. Fill out this application on a typewriter or print in ink. To avoid delays in processing give complete and accurate information.									
1. Position applied for									
				-					
2. Name	• • • • • • • • • • • • • • •								
Last 3. Mailing Address			First	MI	ddle				
Number			Street	Ap	ot/Lot#				
City	State	е	Zip Code	🕞 En	nail Address	<u>•</u>			
4. Phone ( )	(								
Home#		/	Work#						
Optional ►( )	(	)	 [			<u> </u>			
Cell/Mobile/Pager #					Alternate Phone #         5. Social         Security         Number				
6. Driver's Lic. # Exp.	. Date _		Class						
IF NECESSARY, EXPLAIN ANSWERS IN REMARKS SECTION	YES	NO	SPEC		CATIONS				
7. Do you live within Rapides Parish?			15 List any license	es certification	ne or other professi	onal			
8. Are you legally authorized to work in the United States?			<ul> <li>15. List any licenses, certifications or other p registrations.</li> </ul>			Unai			
9. Are you 18 years of age or older?									
10. Do you now hold or are you a candidate for elective public office?									
11. Have you ever filed an application with									
us before? If yes, give									
Date:			16. CLERICAL: C		e trained, experien	ced,			
Position:			U Typing	r skilled in…	Shorthand				
12. May we contact your present employer?			Adding Mad	chine [	Computer				
13. Can you perform the essential			<ul> <li>Dictaphone</li> <li>Calculator</li> </ul>		MS Word MS Excel				
functions of the job description for									
which you are applying with or without a reasonable accommodation?			Other						
14. Do you have any relatives who are			Asphalt		Gradall				
employed by the Police Jury? Explain in			Chip Spread		Lowboy Transpo	rt			
remarks.			Dozer		<ul> <li>Motor Grader</li> <li>Rubber-tire Back</li> </ul>	haa			
			<ul> <li>Dragline</li> <li>Forklift</li> </ul>		Sweeper	noe			
			Front-end L		Trackhoe				
			Fuel Truck		Trackhoe / Mow	er			
			Other EQUIP u	sed					

17 CHECK highest grade completed		HIGH S	CHOOL	GED DATE	
17. CHECK highest grade completed	9	10	11	12	

## List your EDUCATION since high school.

COLLEGES, UNIVERSITIES and JUNIOR COLLEGES ATTENDED

NAME AND LOCATION	DATES ATTENDED		-	MAJOR	DEGREE and YEAR	
NAME AND LOCATION	From	То	HOURS	MAJOR		

### **BUSINESS or TRADE SCHOOLS ATTENDED**

NAME AND LOCATION	DATES ATTENDED		COURSES COMPLETED	DATE OF DIPLOMA	
NAME AND LOCATION	From	То	COORSES COMPLETED	or CERTIFICATE	

### ONLINE CLASSES, CORRESPONDENCE, or MILITARY COURSES COMPLETED

NAME and LOCATION or WEBSITE		LENGTH OF COURSE	COURSE	S COMPLETE	D	DATE OF DIPLOMA or CERTIFICATE	
18. MILITARY SERVICE: Bran	nch of Ser	vice (Army, Navy, etc.)	Rank at time of Separation				
Date Entered Active Duty	Date Se	parated from Active Duty	Retii Yes	red? □ No	Milita	ry Occupation Specialty	
Was Service performed on activ	e full-time	basis with full-time pay	and allowance?	🗆 Yes 🗆 No	0		
		REMA	RKS				

19. Begin GIVE	with your pre	esent or most TIES AND R	recent position	on and work	backwards.	Account for volunteer work	and all periods of employ <b>R QUALIFICATIONS.</b>	ment or unemployment.
1. PRESENT or LAST POSITION					TITLE of your Position:			
MONTH	FROM: DAY	YEAR	MONTH	TO: DAY	YEAR	STARTING Salary	FINAL Salary	HOURS per Week
WORTH	Brtt	12/43	WORTH	BAT	12/44	\$	\$	\$
EMPLOY	ER NAME					DUTIE	ES and RESPONSIB	LITIES
Address:								
City, State	e, Zip Code	e:						
Phone:								
Type of B	usiness or	Organizati	on:					
Superviso	or's Name a	and Title:						
Reason fo	or Leaving:							
2. NEXT	PREVIOU	S POSITIC	<b>N</b>			TITLE of your Posi	tion:	
MONTH	FROM:			TO:				
MONTH	DAY	YEAR	MONTH	DAY	YEAR	<b>STARTING</b> Salary	FINAL Salary \$	HOURS per Week \$
EMPLOY	ER NAME	:	•			DUTIE	S and RESPONSIB	LITIES
Address:								
City, State	e, Zip Code	ə:						
Phone:								
Type of B	lusiness or	Organizati	on:					
Superviso	or's Name a	and Title:						
Reason for	or Leaving:							
3. NEXT	PREVIOU	S POSITIC	<b>N</b>			TITLE of your Posi	tion:	
MONTH	FROM: DAY	YEAR	MONTH	TO: DAY	YEAR	STARTING Salary	FINAL Salary	HOURS per Week
WONTH	DAT	TLAN	WONTH	DAT	TLAN	\$	\$	\$
EMPLOY	ER NAME	:				DUTIE	ES and RESPONSIB	LITIES
Address:								
City, State	e, Zip Code	9:						
Phone:								
Type of B	usiness or	Organizati	on:					
Superviso	or's Name a	and Title:						
Reason for	or Leaving:							
4. PRESENT or LAST POSITION						TITLE of your Posi	tion:	
MONTH	FROM: DAY	YEAR	MONTH	TO: DAY	YEAR	STARTING Salary	FINAL Salary	HOURS per Week
WORTH	BAT	12/11	WORTH	BAT	12/44	\$	\$	\$
EMPLOYER NAME:						DUTIE	ES and RESPONSIB	LITIES
Address:								
City, State, Zip Code:								
Phone:								
Type of Business or Organization:								
Supervisor's Name and Title:								
Reason for Leaving:								

1. PRESENT or LAST POSITION						TITLE of your Position:			
	FROM:			TO:					
MONTH	DAY	YEAR	MONTH	DAY	YEAR	STARTING Salary	FINAL	. Salary	HOURS per Week
						\$	\$		\$
EMPLOYER NAME:						DUTIE	ES and	RESPONSIBI	LITIES
Address:									
City, State	e, Zip Code	9:							
Phone:									
Type of B	Susiness or	Organizatio	on:						
Superviso	or's Name a	and Title:							
Reason fo	or Leaving:								
		ns ( <b>do not</b> ne position f				ed <b>for you</b> ) who have	e definite	e knowledge o	f your qualifications
F		E	COMP	LETE AD	DRESS	PHONE NUMB	BER	BUSINES	S or OCCUPATION
ADDITIO	NAL INFO	RMATION:							
YOU MUST SIGN APPLICATION									
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me and I release them from all liability for damages in providing this information.									
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 employment list, or I may be subject to dismissal from employment with the RAPIDES PARISH POLICE JURY.									
								· · · · · · · · · · · · · · · · · · ·	
Signature								Date	
	UPDATE	S		*CIV	IL SERVIC	E USE ONLY*		U	PDATES

Rapides Parish Civil Service is an Equal Opportunity Employer.

# RAPIDES PARISH POLICE JURY NOTICE TO APPLICANTS PRE-EMPLOYMENT/PROMOTION DRUG TESTING

The RAPIDES PARISH POLICE JURY has a policy prohibiting the possession, use, concealment, transportation, manufacturing, distribution, dispensation, promotion, or being under the influence of any alcohol, illegal or unauthorized drugs, or other unauthorized controlled substances on Police Jury premises or while on Police Jury business. Therefore, those applicants selected for employment/promotion with the RAPIDES PARISH POLICE JURY will be required to submit to a urine drug screen test. That person will be dropped from consideration of employment/promotion if the testing results indicate a detectable amount of illegal or unauthorized substance or an alcohol level in excess of 0.05.

ACKNOWLEDGED:

Signature

Date

## RAPIDES PARISH POLICE JURY POLICY

## NEPOTISM

An employee's immediate family will be considered for employment on the basis of their qualifications. However, immediate family may not be hired if it would:

- 1. Create a supervisor/subordinate relationship (direct or indirect) with a family member;
- 2. Immediate family may not be employed in the same department.
- 3. Create a conflict of interest; or
- 4. Have the potential for creating an adverse impact on work performance.

This policy must also be considered when assigning, transferring, or promoting an employee. For the purposes of this policy, immediate family includes mother, father, husband, wife, son, daughter, sister, brother, mother-in-law, father-in-law, stepchild, stepbrother, stepsister, stepmother, stepfather, uncle, aunt, nephew, or niece. This policy also applies to close personal relationships.

Employees who marry or establish a close personal relationship may continue employment as long as it does not result in the above. If one of the conditions outlined should occur, attempts will be made to find a suitable position within the Rapides Parish Police Jury to which one of the employees will transfer, if accommodations of this nature are not feasible, the employees will be permitted to determine which of them will resign.

All relatives presently working in the above-listed situations will be "grandfathered" into the system.

Any person serving in public employment on the effective date of this section, whose employment is in violation of this section, shall not be construed to hinder, altar, or in any way affect normal promotional advancements in public employment for such employee. (State of Louisiana Code of Governmental Ethics, R.S. 1950. Title 42, Chapter 15, Section 1119) (Amended March 18, 1992).

ACKNOWLEDGED:

Signature

#### DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS

For employment purposes, the Company may obtain consumer reports on you as an applicant or from time to time during employment. "Consumer reports" are reports from consumer reporting agencies and may include driving records, criminal records, etc.

For such employment purposes, the Company may also obtain investigative consumer reports. Some reference checks by a consumer-reporting agency fall into this category. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

#### AUTHORIZATION

I authorize the Company to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes.

Signature:	Date:					
Print Name:	SSN:					
Driver's License Number:	State:					
Other Driver's Licenses Held in Past 5 Years:						
Print Maiden or Other Names Under Which Records May be Listed:						
Date of Birth (to be used only for proper identification):						

If the Company requests an investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, check here:

Copy A -- Sign and Return the Page for Filing

Copy B -- Applicant/Employee Keeps this Page