

18. CHECK highest grade completed:	HIGH SCHOOL				HIGH SCHOOL DIPLOMA EQUIVALENT DATE
	9	10	11	12	

List your EDUCATION since high school.

COLLEGES, UNIVERSITIES and JUNIOR COLLEGES ATTENDED

NAME AND LOCATION	DATES ATTENDED		CREDIT HOURS	MAJOR	DEGREE and YEAR
	From	To			

BUSINESS or TRADE SCHOOLS ATTENDED

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

ONLINE CLASSES, CORRESPONDENCE, or MILITARY COURSES COMPLETED

NAME and LOCATION or WEBSITE	LENGTH OF COURSE	COURSES COMPLETED	DATE COMPLETED

19. MILITARY SERVICE: Branch of Service (Army, Navy, etc.)		Rank at time of Separation	
Date Entered Active Duty	Date Separated from Active Duty	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Occupation Specialty

Was Service performed on active full-time basis with full-time pay and allowance? Yes No

REMARKS

20. Begin with your present or most recent position and work backwards. Account for volunteer work and all periods of employment or unemployment.
GIVE YOUR DUTIES AND RESPONSIBILITIES IN CONCISE DETAIL TO CLARIFY YOUR QUALIFICATIONS.

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:						DUTIES and RESPONSIBILITIES		
Address:								
City, State, Zip Code:								
Phone:								
Type of Business or Organization:								
Supervisor's Name and Title:								
Reason for Leaving:								
2. NEXT PREVIOUS POSITION						TITLE of your Position:		
FROM:			TO:					
MONTH	DAY	YEAR	MONTH	DAY	YEAR	STARTING Salary	FINAL Salary	HOURS per Week
						\$	\$	
EMPLOYER NAME:						DUTIES and RESPONSIBILITIES		
Address:								
City, State, Zip Code:								
Phone:								
Type of Business or Organization:								
Supervisor's Name and Title:								
Reason for Leaving:								
3. NEXT PREVIOUS POSITION						TITLE of your Position:		
FROM:			TO:					
MONTH	DAY	YEAR	MONTH	DAY	YEAR	STARTING Salary	FINAL Salary	HOURS per Week
						\$	\$	
EMPLOYER NAME:						DUTIES and RESPONSIBILITIES		
Address:								
City, State, Zip Code:								
Phone:								
Type of Business or Organization:								
Supervisor's Name and Title:								
Reason for Leaving:								
4. NEXT PREVIOUS POSITION						TITLE of your Position:		
FROM:			TO:					
MONTH	DAY	YEAR	MONTH	DAY	YEAR	STARTING Salary	FINAL Salary	HOURS per Week
						\$	\$	
EMPLOYER NAME:						DUTIES and RESPONSIBILITIES		
Address:								
City, State, Zip Code:								
Phone:								
Type of Business or Organization:								
Supervisor's Name and Title:								
Reason for Leaving:								

5. NEXT PREVIOUS POSITION						TITLE of your Position:		
FROM:			TO:					
MONTH	DAY	YEAR	MONTH	DAY	YEAR	STARTING Salary \$	FINAL Salary \$	HOURS per Week
EMPLOYER NAME:						DUTIES and RESPONSIBILITIES		
Address:								
City, State, Zip Code:								
Phone:								
Type of Business or Organization:								
Supervisor's Name and Title:								
Reason for Leaving:								
21. List three persons (do not list relatives or people who worked for you) who have definite knowledge of your qualifications and fitness for the position for which you are applying.								
FULL NAME			COMPLETE ADDRESS			PHONE NUMBER		BUSINESS or OCCUPATION
ADDITIONAL INFORMATION:								
SIGNATURE REQUIRED								
<p>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.</p> <p>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.</p>								
_____						_____		
Signature						Date		
UPDATES			*CIVIL SERVICE USE ONLY*			UPDATES		

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

Date

**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

OFFICE OF RAPIDES PARISH CIVIL SERVICE



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Linda Sanders
Civil Service Director

Tina Goree
Administrative Specialist

Civil Service Board
Zebulon Winstead, Chairman
Christopher Hall, Vice-Chairman
Elizabeth Beard, Member
Erin Guin, Member
Marla West, Employee Member

REFERENCE CHECK REQUEST

EMPLOYER SECTION

APPLICANT -- DO NOT WRITE IN THIS SECTION

To Employer: _____

Address _____ City _____ State _____

Phone Number _____

Fax Number _____

Mrs./Ms. _____ is seeking employment and has listed you as a former employer. Please verify the information below.

Position Held: _____ From: _____ To: _____

Reason for Leaving: _____

	EXCELLENT	GOOD	FAIR	POOR
Overall Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has this applicant tested positive for **alcohol/drugs** while employed? Yes No

Has this applicant received any **moving violations** while employed? Yes No

If you had an opening, would you **rehire** him/her? Yes No Unable to Comment

Employer 's Signature _____ Title _____

Thank you for taking the time to complete this information.

APPLICANT SECTION

REFERENCE CHECK AUTHORIZATION AGREEMENT AND DISCLOSURE STATEMENT

I AUTHORIZE Rapides Civil Service to check my past employment references to help evaluate me as a potential employee.

I understand that an investigative consumer report may be obtained in order to evaluate me as a prospective employee. This investigative report may include information concerning character, background and financial responsibility and may be obtained through personal associates.

I further understand I have the right to make a written request to learn the nature and scope of any consumer report. I hereby acknowledge that I have read this statement and authorize you to obtain references and/or reports as described above.

Applicant's Signature

Date

Soc-Sec-Num