CS-1 - PAGE 1 Revised 5-99, 10-04, 10-05, 3-12, 2-13, 1-14

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

1. SOCIAL SECURITY NUMBER:
2. E-MAIL ADDRESS:

Phone: (504) 658-3500 - Fax: (504) 658-3598

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. (Last) (middle/maiden) (First) 5. PHONE 3. NAME 6. DATE OF BIRTH (month/day/year) (Number & Street) (Apartment) 4. ADDRESS (City) (State) (Zip)7a. Are you a U.S. citizen? 8. Are you a qualified voter of the City of New Orleans? Yes No Yes No 7b. If "no," do you possess a current work visa? No 9. EDUCATION AND TRAINING Name & Address of School Circle last grade completed Last year High School diploma or attended G.E.D. received? Yes No 1 2 3 4 5 6 7 8 9 10 11 12 Major: Highest vear Years attended Name of College or University Location Minor: completed: From: Degree: To: **Graduate School** Location **Program of Study: Semester Hours** Years attended **Credit:** From: Degree: To: Length of Program **Business, Trade, Other School Program of Study** % 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: If "yes": what class? 12. Do you possess a valid Louisiana driver's license? Yes 13. Do you wish to claim Veteran's Preference? If so, a DD-214 must be submitted. 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				
15. SEX Female	16. RACE/ American Indian Asian White			
Male	ETHNICITY African-American Hispanic Other			

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 (year)		
	(month) (year)		
	(month) (year)		
	Full-timePart-time		
Did you supervise others?	If part-time, number of hours		
Name of your immediate supervisor			
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.			

Date: _____

Signature: