CS-13 Rev 1-79, 7-81 5-98 and 10-04

APPLICATION FOR EXAMINATION

DEPARTMENT OF CITY CIVIL SERVICECITY HALL 1300 PERDIDO STREET-NEW ORLEANS 70112

APPLICATION OFFICE 7W03 – MAIN OFFICE – ROOM 7W03

PLEASE PRINT

I am applying for the position(s) below (check box):

FORENSIC AUDITOR I (INSPECTOR GENERAL)

Name: Last First			Middle/Ma	iden Social Security Number	
Address: Number & Street				Apartment	Home Phone/Business Phone
City			State	Zip Code	Birthdate
Your Signatur	re				Today's Date
e-mail address:				Yes No	<u>.</u>
Are you currently employed by the City of New Orleans?					VETERAN'S PREFERENCE
If yes, what is your official class (job) title (list below):					Certain veterans and wives, widows, and mothers of veterans are entitled to preference on examinations. See the reverse side of the
Have you ever applied under another name (maiden, etc.)?					Examination Announcement and the Veteran Preference Claim form for details.
If yes, please	write name here	OT WRITE BELOV	W THIS LINE		
previously, and	have gained addit	ional experience a		filed an application ey should attach a his exam.	
Application: Accepted Rejected Reason:				Voter's Reg	
	RAW SCORE	% EQUIV.	WEIGHT	WTD. SCORE	"The City of New Orleans is an equa
Written Test Oral Test Rating of Train/Exp.					opportunity employer and does rediscriminate on the basis of race, col religion, national origin, gender, age, physicor mental disability, sexual orientation, creculture, or ancestry. Requests for alternation accommodations should be direct to Doddie Smith, (504) 658-3516 TTY/Voice (504) 658-2059.
Performance Test					CIVIL SERVICE USE ONLY
Agility Test					Bachelor's Degree:
Vets Credit					School:
TOTAL					Date:
RANK					Driv. Lic. #:
					State/Exp
Critic	cal Score =				Certifications:
					Sign: