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

## **APPLICATION FOR EXAMINATION**

## DEPARTMENT OF CITY CIVIL SERVICE

CITY 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 II (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 Signature	e				Today's Date	
e-mail addre				Yes No		
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.)? $\Box$					Examination Announcement and the Veteran Preference Claim form for details.	
If yes, please v	write name here DO N	e OT WRITE BELOV	W THIS LINE			
previously, and	have gained addit	tional experience a	S-1), or, if they have nd/or education, the uments required for the	ey should attach a		
Application: Accepted  Rejected Reason:				Voter's Reg		
	RAW SCORE	% EQUIV.	WEIGHT	WTD. SCORE	"The City of New Orleans is an equal opportunity employer and does no	
Written Test					discriminate on the basis of race, color religion, national origin, gender, age, physica or mental disability, sexual orientation, creed culture, or ancestry. Requests for alternate format or accommodations should be directed to Doddie Smith, (504) 658-3516 of TTY/Voice (504) 658-2059.  CIVIL SERVICE USE ONLY	
Oral Test						
Rating of Train/Exp.						
Performance Test						
Agility Test					Bachelor's Degree:	
Vets					_	
Credit					School:	
TOTAL					Date:	
RANK					Driv. Lic. #:	
					State/Exp.	
Critic	al Score =				Certifications:	
					Sign:	