# UTILITY SENIOR SERVICES MANAGER (HUMAN RESOURCES) WORK HISTORY FORM 2014

Announcement Number: 8900 Class Code: C3095

Completion of the Special Work History Form is part of the selection process for the Utility Senior Services Manager (Human Resources) position. Your grade will depend, in part, on the information you provide here. Your grade also will be judged, in part, by any other relevant documentation that must accompany this form. Civil Service reserves the right to determine the relevance of any listed experience and/or training.

This form is divided into two sections. They are:

- I. Work experience, and
- II. Post-Secondary Education/ Professional Certifications

Specific instructions for these sections are stated at the beginning of the actual sections. You are responsible for carefully following all instructions. Civil Service must be able to use the information you supply on this Work History Form to determine if you meet the **minimum qualifications** as listed in the **official announcement** for this position. In filling out this Work History Form, *please use the announcement as a reference*.

Return your completed and signed *Special Work History Form* to Suite 900, 1340 Poydras St. **within two weeks of application.** If you miss any posted deadlines, we will assume that you are no longer interested in the position. We are not responsible for the mail.

<u>IMPORTANT</u>: Check to make certain that you have completed each item fully and accurately. If in reviewing your form it is found to be in accurate or incomplete, it may be rejected or returned to you for more information. Fully completing this form begins by carefully reading and signing the statement below.

#### **CERTIFICATION:**

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.

Signature	Date:
Name (please print):	

#### SECTION I. WORK EXPERIENCE

In this section you are asked to describe your work experience in areas related to the position of Utility Senior Services Manager (Human Resources). List the most recent positions that you have held **first**. Space is provided for only <u>four</u> positions. *If you are completing this form for more than four positions, copy the appropriate pages*. There are *three parts* for each position. These are:

- **Part 1**) Fill in the information about the job title, dates worked and other information requested including a description of your duties.
- Part 2) Check whether you performed, or supervised the performance of, the specific duties listed in Part 2. There are 20 specific tasks. Do not write in the blank provided for Civil Service verification. There is space provided at the end of these task statements for you to clarify any of the task statements that you checked.
- **Part 3**) Provide your supervisor's name and phone number for verification purposes. We also require the supervisor's signature or the signature of a responsible departmental manager familiar with your work in that position.

#### **NOTES:**

- 1. In describing your experience, list your most recent experience first.
- 2. If, in reviewing your form, it is found to be incomplete it may be rejected or returned to you for more information.
- 3. References are verified.
- 4. Professional experience is experience obtained after receipt of a Bachelor's Degree.
- 5. To be considered an employee's supervisor, you must have done all of these:
  - a. assigned and reviewed the employee's work.
  - b. signed payroll time cards/ time sheets or approved requests for time off.
  - c. completed performance appraisal / service rating forms on the employee.

### POSITION 1 - Part 1

nth/year month/year ment: u supervised, if applica titles and dates of thos  Title	ble: e that you directly sup From//	pervised:  To
u supervised, if applica titles and dates of thos Title	ble: e that you directly sup From/	pervised:  To
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Title	From	To
	/ / /	
	/ / /	
r of full-time employee		
budget \$		
aried or hourly?	Salaried	Hourly
	r of full-time employee budget \$  ll-time or Part-time? se provide the approxim	r of full-time employees (FTEs) in this organ budget \$  ll-time or Part-time? Full-time se provide the approximate number of hours aried or hourly? Salaried

# **POSITION 1 - Part 2** - Check whether or not you performed, or supervised the performance of, each of the following tasks:

numan resources	/ personnel ma	atters.
Yes	No	(verified by C.S.)
Yes	No	(verified by C.S.)
candidates, ma	king decisions.	etc.
Yes	No	(verified by C.S.)
or department (	e.g., basic skill	ls training, safety training,
Yes	No	(verified by C.S.)
t or department.		
he personnel fur	nction for the u	nit/ department.
Yes	No	(verified by C.S.)
n, board, comm	ittee, etc.) to re	present the department on
Yes	No	(verified by C.S.)
uation process f	or the departm	ent or unit.
Yes	No	(verified by C.S.)
or department. Yes	No	(verified by C.S.)
_	_	on, testifying in
		(verified by C.S.)
Yes	No	(verified by C.S.)
	YesYO OF ADA comp	ruman resources/ personnel maYesNoYesNo

	(Name)	(Title)		Date)
Ву ту	signature I certify that this en	ıployee perfoi	rmed the dut	ies described above.
(Supe	ervisor must sign here)			
Name o	of Supervisor:	Phone numb	er:	
POSIT	ION 1 - <u>Part 3</u>			
	d as part of your duties for this posi			
	<u>cation/ qualification</u> - If you wish to			
	Complete special projects for managa perform/supervise this task?			
Did you	a perform/supervise this task?	Yes	No	(verified by C.S.)
19.	Complete paperwork/ electronic form	ns for conductir	ng personnel tra	nnsactions.
	u perform/supervise this task?			
18.	Work with Civil Service Registers (1	receiving them	interpreting the	em hiring from them etc.)
	Coordinate a drug testing program.  a perform/supervise this task?	Yes	No	(verified by C.S.)
Did you	ı perform/supervise this task?	Yes	No	(verified by C.S.)
16.	Coordinate department's response to	Worker Compe	ensation or IOD	O claims.
	Conduct, or coordinate with others to perform/supervise this task?	_	-	=
	u perform/supervise this task?			
	Conduct detailed surveys or other re			
Did you	u perform/supervise this task?	Yes	No	(verified by C.S.)
	Counsel employees and managemen FLSA, FMLA, ADA, Civil Service		Local, State and	d Federal Laws (e.g.,

### POSITION 2 - Part 1

•	Job Title:			_Salary:
•	Dates in this job: to month/year month/y			
	Organization/Department:			
	Name of unit that you supervised, if appl	licable:		
	List the names, class titles and dates of the	hose that you dire	ectly supervi	sed:
	Name Title		From	То
				/
			/	/
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	-		,	/
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	Approximate number of full-time employ Approximate yearly budget \$		nis organizati	on:
	Was this position Full-time or Part-time?  If part-time, please provide the approximation of the provide the provi			
	Was this position salaried or hourly? _	Salaried	Hour	ly
	General Duties:			

# **POSITION 2 - Part 2** - Check whether or not you performed, or supervised the performance of, each of the following tasks:

1. Draft policies and or procedures or	human resources	/ personnel ma	atters.
Did you perform/supervise this task?	Yes	No	(verified by C.S.)
2. Recruit candidates to fill vacancies			
Did you perform/supervise this task?	Yes	No	(verified by C.S.)
3. Select new employees - interviewing	ng candidates, ma	king decisions.	etc.
Did you perform/supervise this task?			
4. Orient / on-board new employees.			
Did you perform/supervise this task?	Yes	No	(verified by C.S.)
5. Coordinate training program for un software training).	it or department (	e.g., basic skil	ls training, safety training,
Did you perform/supervise this task?	Yes	No	(verified by C.S.)
6. Coordinate the benefits administrator retirement savings programs, etc.) for use Did you perform/supervise this task?	nit or department.		
7. Oversee the daily administration of	f the personnel fur	nction for the u	nit/ department.
Did you perform/supervise this task?	Yes	No	(verified by C.S.)
8. Attend official meetings (commission human resources/ personnel related		ittee, etc.) to re	present the department on
Did you perform/supervise this task?	Yes	No	(verified by C.S.)
9. Coordinate the job performance ev	aluation process f	or the departm	ent or unit.
Did you perform/supervise this task?			
10. Coordinate payroll function for uni Did you perform/supervise this task?		No	(verified by C.S.)
11. Coordinate unit's role in disciplina unemployment or EEOC hearings,		-	on, testifying in
Did you perform/supervise this task?			(verified by C.S.)
12. Gather information to respond to E	EO or ADA com	olaints.	
Did you perform/supervise this task?			(verified by C.S.)

	(Name)	(Title)		Date)
Ву ту	signature I certify that this en	ıployee perfoi	rmed the dut	ies described above.
(Supe	ervisor must sign here)			
Name o	of Supervisor:	Phone numb	er:	
POSIT	ION 2 - <u>Part 3</u>			
	d as part of your duties for this posi			
<u>Clarific</u>	<u>cation/ qualification</u> - If you wish to	clarify or quali	fy any of the st	tatements that you
	Complete special projects for managa perform/supervise this task?			
Did you	a perform/supervise this task?	Yes	No	(verified by C.S.)
	Complete paperwork/ electronic form			
	u perform/supervise this task?			
18.	Work with Civil Service Registers (a	receiving them	interpreting the	em hiring from them etc.)
	Coordinate a drug testing program.  a perform/supervise this task?	Yes	No	(verified by C.S.)
Did you	ı perform/supervise this task?	Yes	No	(verified by C.S.)
16.	Coordinate department's response to	Worker Compe	ensation or IOE	O claims.
	Conduct, or coordinate with others to perform/supervise this task?	_	-	=
	u perform/supervise this task?			
14.	Conduct detailed surveys or other re	search (e.g., sala	ary surveys) an	d prepare documentation.
Did you	u perform/supervise this task?	Yes	No	(verified by C.S.)
	Counsel employees and managemen FLSA, FMLA, ADA, Civil Service		Local, State and	d Federal Laws (e.g.,

### POSITION 3 - Part 1

•	Job Title:			_Salary:
	Dates in this job : to month/year month/y			
	Organization/Department:			
•	Name of unit that you supervised, if app	olicable:		
	List the names, class titles and dates of t	hose that you dir	ectly supervi	sed:
	Name Title		From	То
				/
			/	/
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			,	
				/
	<del></del>			/
				/
	Approximate number of full-time emplo			on:
	Approximate yearly budget \$			
•	Was this position Full-time or Part-time of If part-time, please provide the approximation of the provide the provide the provide the approximation of the provide th			
	Was this position salaried or hourly? _	Salaried	Hour	·ly
	General Duties:			

# **POSITION 3 - Part 2** - Check whether or not you performed, or supervised the performance of, each of the following tasks:

1. Draft policies and or procedures on	human resources	s/ personnel ma	itters.	
Did you perform/supervise this task?	Yes	No	(verified by C.S.)	
2. Recruit candidates to fill vacancies.				
Did you perform/supervise this task?	Yes	No	(verified by C.S.)	
3. Select new employees - interviewin	g candidates, ma	king decisions.	etc.	
Did you perform/supervise this task?				
4. Orient / on-board new employees.				
Did you perform/supervise this task?	Yes	No	(verified by C.S.)	
5. Coordinate training program for unsoftware training).	it or department (	e.g., basic skill	ls training, safety training	g,
Did you perform/supervise this task?	Yes	No	(verified by C.S.)	
6. Coordinate the benefits administration retirement savings programs, etc.) for ur Did you perform/supervise this task?	nit or department.			ı
7. Oversee the daily administration of	the personnel fur	nction for the u	nit/ department.	
Did you perform/supervise this task?	Yes	No	(verified by C.S.)	
8. Attend official meetings (commission human resources/ personnel related		ittee, etc.) to re	present the department of	n
Did you perform/supervise this task?	Yes	No	(verified by C.S.)	
9. Coordinate the job performance eva	aluation process f	or the departm	ent or unit.	
Did you perform/supervise this task?				
10. Coordinate payroll function for unit Did you perform/supervise this task?		No	(verified by C.S.)	
11. Coordinate unit's role in disciplinar unemployment or EEOC hearings, l	y actions - gather	ring informatio		
Did you perform/supervise this task?			(verified by C.S.)	
12. Gather information to respond to El	EO or ADA com	plaints.		
Did you perform/supervise this task?			(verified by C.S.)	

By n	ny signature I certify that this em	ployee perfor	med the dut	ies described above.
(Su	pervisor must sign here)			
Nam	e of Supervisor:	Phone number	er:	
POS	ITION 3 - Part 3			
	ked as part of your duties for this posit			
Clari	fication/ qualification - If you wish to	clarify or auali	fv anv of the si	tatements that you
20. Did y	Complete special projects for managou perform/supervise this task?			
Did y	ou perform/supervise this task?	Yes	No	(verified by C.S.)
19.	Complete paperwork/ electronic form	ns for conductin	g personnel tra	ansactions.
18. Did y	Work with Civil Service Registers (rou perform/supervise this task?			
	ou perform/supervise this task?			
	Coordinate a drug testing program.	***		
Did y	ou perform/supervise this task?	_		
16.	Coordinate department's response to	Worker Compe	ensation or IOE	) claims.
15. Did y	Conduct, or coordinate with others the vou perform/supervise this task?	_	-	= -
Dia y	ou perform/supervise this task?	Yes	No	(verified by C.S.)
14.	Conduct detailed surveys or other res	_		= =
Did y	you perform/supervise this task?	Yes	No	(verified by C.S.)
	FLSA, FMLA, ADA, Civil Service I	Rules).		-
13.	Counsel employees and managemen	t on applicable I	Local, State and	d Federal Laws (e.g.,

### POSITION 4 - Part 1

•	Job Title:			_Salary:
•	Dates in this job: to month/year month/y			
	Organization/Department:			
	Name of unit that you supervised, if app	licable:		
	List the names, class titles and dates of the	hose that you dire	ectly supervi	sed:
	Name Title		From	То
				/
				/
				/
			,	
				/
			/	/
			/	/
	Approximate number of full-time emplo			on:
	Approximate yearly budget \$			
۱.	Was this position Full-time or Part-time of If part-time, please provide the approximation of the provide the provide the provide the approximation of the provide th			
	Was this position salaried or hourly? _	Salaried	Hou	·ly

# **POSITION 4 - Part 2** - Check whether or not you performed, or supervised the performance of, each of the following tasks:

1. Draft policies and or procedures on	human resources	s/ personnel ma	atters.
Did you perform/supervise this task?	Yes	No	(verified by C.S.)
2. Recruit candidates to fill vacancies			
Did you perform/supervise this task?	Yes	No	(verified by C.S.)
3. Select new employees - interviewir	ng candidates, ma	king decisions.	etc.
Did you perform/supervise this task?			
4. Orient / on-board new employees.			
Did you perform/supervise this task?	Yes	No	(verified by C.S.)
5. Coordinate training program for un software training).	it or department (	e.g., basic skil	ls training, safety training,
Did you perform/supervise this task?	Yes	No	(verified by C.S.)
6. Coordinate the benefits administrat or retirement savings programs, etc.) for up Did you perform/supervise this task?	nit or department.		
7. Oversee the daily administration of	the personnel fu	nction for the u	nit/ department.
Did you perform/supervise this task?			
8. Attend official meetings (commissing human resources/ personnel related		ittee, etc.) to re	present the department on
Did you perform/supervise this task?	Yes	No	(verified by C.S.)
9. Coordinate the job performance ev	aluation process f	or the departm	ent or unit.
Did you perform/supervise this task?	Yes	No	(verified by C.S.)
10. Coordinate payroll function for uni Did you perform/supervise this task?		No	(verified by C.S.)
11. Coordinate unit's role in disciplina unemployment or EEOC hearings,		-	n, testifying in
Did you perform/supervise this task?			(verified by C.S.)
12. Gather information to respond to E	EO or ADA com	plaints.	
Did you perform/supervise this task?			(verified by C.S.)

	(Name)	(Title)		Date)
Ву ту	signature I certify that this en	ıployee perfoi	rmed the dut	ies described above.
(Super	rvisor must sign here)			
Name o	f Supervisor:	Phone numb	er:	
POSIT	ION 4 - <u>Part 3</u>			
	as part of your duties for this posi			
Clarific	ation/ qualification - If you wish to	clarify or quali	ify any of the si	tatements that you
	Complete special projects for manage perform/supervise this task?			
Did you	perform/supervise this task?	Yes	No	(verified by C.S.)
	Complete paperwork/ electronic for			
	perform/supervise this task?			
18.	Work with Civil Service Registers (a	receiving them.	interpreting the	em, hiring from them, etc.)
	Coordinate a drug testing program. perform/supervise this task?	Yes	No	(verified by C.S.)
Did you	perform/supervise this task?	Yes	No	(verified by C.S.)
16.	Coordinate department's response to	Worker Compe	ensation or IOE	O claims.
	Conduct, or coordinate with others to perform/supervise this task?	_	-	
	perform/supervise this task?			
14.	Conduct detailed surveys or other re	search (e.g., sala	ary surveys) an	d prepare documentation.
Did you	perform/supervise this task?	Yes	No	(verified by C.S.)
	Counsel employees and managemen FLSA, FMLA, ADA, Civil Service 1		Local, State and	d Federal Laws (e.g.,

### SECTION II. POST-SECONDARY EDUCATION/ PROFESSIONAL CERTIFICATIONS

	a your undergraduate degree(s) first. For each degree listed, be sure to include:  a) the type of degree (e.g., BA, BS, MBA, MPA, MS, MA)  b) the year that you graduated  c) your major field of study  d) the name of the institution from which you graduated
1.	a) type of degree b) year graduated c) major d) the name of the institution
2.	a) type of degree b) year graduated c) major d) the name of the institution
3.	a) type of degree b) year graduated c) major
	d) the name of the institution
univ	OTE: An accredited college or university is an institution that is accredited as a college or ersity by an organization that is recognized by the USDE (United States Department of cation).
Certif	fications.
	any certifications that you currently hold that are related to this position (e.g., PHR, SPHR,