

# APPLICATION FOR COMPETITIVE EXAMINATION

## Hammond Municipal Fire and Police Civil Service Board

PLEASE PRINT OR TYPE. FAILURE TO ANSWER ALL THE QUESTIONS IN THIS APPLICATION AND FAILURE TO ATTACH ALL REQUIRED DOCUMENTATION TO THIS APPLICATION, MAY CAUSE YOUR APPLICATION TO BE REJECTED.

### APPLICANT INFORMATION

NAME: FIRST:			MIDDLE:			LAST:		
MAILING-STREET ADDRESS/P.O. BOX NO.:			CITY/TOWN:			STATE/ZIP:		
PHONE NUMBER (WITH AREA CODE):				EMAIL ADDRESS:				
SOCIAL SECURITY NUMBER:			DATE OF BIRTH:		ARE YOU A CITIZEN OF THE UNITED STATES?			
DRIVER'S LICENSE NO.:		STATE:		EXPIRATION DATE:				

**NAME OF EXAMINATION/POSITION FOR WHICH YOU ARE APPLYING FOR** (One application per examination/position)

### RACE/SEX INFORMATION

The Federal government requires that we request the following race and sex information for statistical reporting purposes. Completion of this section is voluntary, and your application will NOT be rejected if you choose not to provide this information.

- |                                 |                                       |                                |                                   |                                     |                                |
|---------------------------------|---------------------------------------|--------------------------------|-----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Male   | <input type="checkbox"/> White        | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Am. Indian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other: _____ |                                |                                   |                                     |                                |

### SPECIAL INSTRUCTIONS FOR DOCUMENTATION YOU MUST ATTACH

In accordance with civil service law, you MUST be a citizen of the United States, and of legal age. In addition to these requirements, the Hammond Municipal Fire and Police Civil Service Board has adopted its own qualifications for each of its competitive classes. Therefore, you MUST ATTACH the necessary documentation to verify that you MEET all the requirements of the civil service board to which you are applying. The requirements can be found on the following websites [www.hammond.org](http://www.hammond.org) or [www.ose.louisiana.gov](http://www.ose.louisiana.gov).

#### YOU MUST ATTACH A COPY OF THE FOLLOWING DOCUMENTS:

- Proof that you are a citizen of the United States (Birth Certificate, US Passport, or Certificate of Naturalization)
- Proof that you meet the age requirement (Birth Certificate)
- Proof that you have a valid driver's license
- Proof that you meet the education requirement "as posted" by the civil service board to be admitted to the exam
- Proof that you meet ALL other requirements "as posted" by the civil service board to be admitted to the exam

### FOR USE OF CIVIL SERVICE BOARD ONLY

#### VERIFICATION THAT APPLICANT MEETS THE BOARD'S REQUIREMENTS

<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Age	<input type="checkbox"/> Education	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Veteran Pref.
1. Chairman	2. Vice chairman	3.	4.	5.

# APPLICATION FOR COMPETITIVE EXAMINATION

Hammond Municipal Fire and Police Civil Service Board

## AUTHORITY FOR RELEASE OF INFORMATION

I HAVE COMPLETED THIS APPLICATION WITH THE KNOWLEDGE AND UNDERSTANDING THAT ANY OR ALL ITEMS CONTAINED HEREIN MAY BE SUBJECT TO INVESTIGATION PRESCRIBED BY LAW, AND I CONSENT TO THE RELEASE OF INFORMATION CONCERNING MY CAPACITY AND FITNESS BY EMPLOYERS, EDUCATIONAL INSTITUTIONS, LAW ENFORCEMENT AGENCIES, AND OTHER INDIVIDUALS AND AGENCIES, TO DULY ACCREDITED INVESTIGATORS, CIVIL SERVICE BOARD MEMBERS AND OTHER AUTHORIZED EMPLOYEES OF THE GOVERNMENT FOR THAT PURPOSE.

I CERTIFY THAT THE ANSWERS I HAVE GIVEN TO ALL QUESTIONS IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I KNOW THAT ANY MISREPRESENTATION HEREIN MAY CAUSE MY APPLICATION TO BE REJECTED, MY NAME REMOVED FROM ELIGIBLE LIST AND/OR MAY SUBJECT ME TO DISMISSAL FROM EMPLOYMENT.

DATE:

SIGNATURE OF APPLICANT:

## BACKGROUND INFORMATION

1. WITHIN THE PAST 5 YEARS, HAVE YOU BEEN TERMINATED, OR RESIGNED IN LIEU OF TERMINATION, FROM ANY POSITION FOR REASONS OTHER THAN A REDUCTION IN FORCE?

YES  NO

2. HAVE YOU EVER BEEN CONVICTED OF A FELONY?

YES  NO

3. HAVE YOU BEEN CONVICTED OF A MISDEMEANOR DURING THE LAST 3 YEARS?

YES  NO

NOTE: IF YOU ANSWERED "YES" TO EITHER OF THE ABOVE QUESTIONS, PLEASE PROVIDE AN EXPLANATION IN THE EXPLANATION BLOCK BELOW. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING. A CONVICTION WILL BE JUDGED ON ITS OWN MERITS WITH RESPECT TO TIME, CIRCUMSTANCES, AND SERIOUSNESS.

EXPLANATION. PLEASE USE THE SPACE PROVIDED BELOW TO EXPLAIN ANY "YES" ANSWERS TO THE ABOVE THREE QUESTIONS. ATTACH ADDITIONAL PAGES IF NECESSARY.

## TRAINING/EDUCATION

### A. HIGH SCHOOL:

DIPLOMA OR EQUIVALENCY CERTIFICATE

DATE RECEIVED: \_\_\_\_\_

NAME AND ADDRESS OF HIGH SCHOOL ISSUING DIPLOMA OR STATE DEPARTMENT OF EDUCATION ISSUING GED OR EQUIVALENCY CERTIFICATE:

# APPLICATION FOR COMPETITIVE EXAMINATION

## Hammond Municipal Fire and Police Civil Service Board

### B. COLLEGE:

NAME OF COLLEGE OR UNIVERSITY/LOCATION	YEARS ATTENDED	CREDIT HOURS EARNED	DEGREE(S) RECEIVED	DATE OF DEGREE	MAJOR

### C. OTHER FORMAL TRAINING:

(BUSINESS, TRADE, MILITARY, ETC., CLASSES OR SEMINARS) TITLE OF INSTRUCTION OR CLASS (ATTACH ADDITIONAL PAGES IF NECESSARY)	LOCATION	DATES ATTENDED	DID YOU GRADUATE?	NO. OF HOURS PER WEEK

### SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS, OR LICENSES

PLEASE LIST BELOW ANY PROFESSIONAL LICENSES, OR CERTIFICATIONS THAT ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING. (ATTACH ADDITIONAL PAGES IF NECESSARY)			
	NO. 1	NO. 2	NO. 3
NAME OF LICENSE OR TYPE OF CERTIFICATION			
NAME AND ADDRESS OF AGENCY OR INSTITUTION ISSUING LICENSE OR CERTIFICATION			
DATE LICENSE OR CERTIFICATION ACQUIRED			
EXPIRATION DATE, IF APPLICABLE			
RESTRICTIONS, IF APPLICABLE			
LIST ANY SPECIAL COURSE WORK, TRAINING, OR EXPERIENCE WHICH MAY BE BENEFICIAL IN THE JOB WHICH YOU ARE APPLYING, OR WHICH MAY SATISFY ANY SPECIAL QUALIFICATION REQUIREMENTS.			
IF YOU HAVE COMPUTER EXPERIENCE, PLEASE LIST ANY COMPUTER PROGRAMS (SOFTWARE) WITH WHICH YOU HAVE A WORKING KNOWLEDGE:			
TYPING ABILITY: _____ WPM			

# APPLICATION FOR COMPETITIVE EXAMINATION

Hammond Municipal Fire and Police Civil Service Board

## VETERAN'S PREFERENCE

Five-point veteran's preference is granted to veterans who receive passing scores for an entrance class and who were discharged under honorable conditions from active duty in the U.S. Armed Forces during a war, or during the period April 28, 1952, through July 1, 1955, or for more than 180 consecutive days, other than for training, any part of which occurred after January 31, 1955, and before October 15, 1976; or during the Gulf War from August 2, 1990, through January 2, 1992; or for more than 180 consecutive days, other than for training, any part of which occurred during the period beginning September 11, 2001, and ending on August 31, 2010, the last day of Operation Iraqi Freedom; or in a campaign or expedition for which a campaign medal has been authorized. Any Armed Forces Expeditionary medal or campaign badge, including El Salvador, Lebanon, Grenada, Panama, Southwest Asia, Somalia, Haiti, Kosovo, Bosnia, and Herzegovina qualifies for preference. A campaign medal holder or Gulf War veteran who originally enlisted after September 7, 1980, (or began active duty on or after October 14, 1982, and has not previously completed 24 months of continuous duty) must have served continuously for 24 months or the full period called or ordered to active duty. The 24-month service requirement does not apply to 10-point preference eligible separated for disability incurred or aggravated in the line of duty, or to veterans separated for hardship or other reasons under 10 U.S.C. 1171 or 1173. NOTE: If your DD-214 does not provide proof of entitlement for preference, you must obtain an amended DD-214 or other written documentation showing award of Armed Forces Expeditionary Medal.

Should you wish to receive the veteran's preference points, check the space provided and ATTACH a copy of your DD-214, which verifies your qualification to receive preference.

I QUALIFY FOR THE FIVE-POINT VETERAN'S PREFERENCE AS IDENTIFIED ABOVE AND HAVE **ATTACHED A COPY OF MY DD-214** OR OTHER DOCUMENTATION TO THIS APPLICATION FOR VERIFICATION PURPOSES.

## REQUEST FOR TESTING ACCOMMODATIONS UNDER THE AMERICANS WITH DISABILITIES ACT

If you require any special testing accommodations because of a disability which limits a major life activity, you must complete this section in order for your request to be considered.

I am requesting testing accommodations under the Americans with Disabilities Act for the following disability (check box and specify disability): \_\_\_\_\_

**REQUIRED DOCUMENTATION TO ATTACH TO YOUR APPLICATION:** In order for this civil service board to process your ADA request, you must attach written documentation of your disability, including an assessment of accommodations which might be appropriate to compensate for your disability in a testing environment, prepared by a doctor, psychologist, rehabilitation counselor, occupational or physical therapist, or other professional with knowledge of your functional limitations.

What accommodations are you requesting?

Extra Time     Reader     Private Room     Scribe     Other: \_\_\_\_\_

# APPLICATION FOR COMPETITIVE EXAMINATION

## Hammond Municipal Fire and Police Civil Service Board

### WORK EXPERIENCE

#### INSTRUCTIONS FOR COMPLETING SECTION ON WORK EXPERIENCE

Start with your present or most recent position and work back, including any military experience. Use separate blocks if you were promoted or your duties changed materially while working for the same employer. Treat each change as a separate position. For volunteer experience, use work experience blocks and disregard reference to salary. It is to your advantage to completely describe your duties in each position, placing particular emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.

NAME, COMPLETE ADDRESS, AND PHONE NUMBER OF EMPLOYER			TYPE BUSINESS	
			TITLE OF YOUR POSITION	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED		
DATES OF EMPLOYMENT FROM:                      TO:	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK	BEGINNING SALARY	ENDING SALARY
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)				

NAME, COMPLETE ADDRESS, AND PHONE NUMBER OF EMPLOYER			TYPE BUSINESS	
			TITLE OF YOUR POSITION	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED		
DATES OF EMPLOYMENT FROM:                      TO:	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK	BEGINNING SALARY	ENDING SALARY
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)				

# APPLICATION FOR COMPETITIVE EXAMINATION

## Hammond Municipal Fire and Police Civil Service Board

NAME, COMPLETE ADDRESS, AND PHONE NUMBER OF EMPLOYER		TYPE BUSINESS			
		TITLE OF YOUR POSITION			
NAME AND TITLE OF IMMEDIATE SUPERVISOR			NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED		
DATES OF EMPLOYMENT FROM:                      TO:	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK	BEGINNING SALARY	ENDING SALARY	
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)					

NAME, COMPLETE ADDRESS, AND PHONE NUMBER OF EMPLOYER		TYPE BUSINESS			
		TITLE OF YOUR POSITION			
NAME AND TITLE OF IMMEDIATE SUPERVISOR			NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED		
DATES OF EMPLOYMENT FROM:                      TO:	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK	BEGINNING SALARY	ENDING SALARY	
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)					

# APPLICATION FOR COMPETITIVE EXAMINATION

## Hammond Municipal Fire and Police Civil Service Board

NAME, COMPLETE ADDRESS, AND PHONE NUMBER OF EMPLOYER		TYPE BUSINESS			
		TITLE OF YOUR POSITION			
NAME AND TITLE OF IMMEDIATE SUPERVISOR			NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED		
DATES OF EMPLOYMENT FROM:                      TO:	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK	BEGINNING SALARY	ENDING SALARY	
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)					

NAME, COMPLETE ADDRESS, AND PHONE NUMBER OF EMPLOYER		TYPE BUSINESS			
		TITLE OF YOUR POSITION			
NAME AND TITLE OF IMMEDIATE SUPERVISOR			NUMBER/TITLE(S) OF EMPLOYEES YOU SUPERVISED		
DATES OF EMPLOYMENT FROM:                      TO:	WAS THIS FULL-TIME EMPLOYMENT?	AVERAGE NUMBER OF HOURS WORKED PER WEEK	BEGINNING SALARY	ENDING SALARY	
DESCRIBE YOUR DUTIES IN DETAIL (USE SEPARATE SHEET, IF NECESSARY)					