

**PERSONAL HISTORY RECORD
DEPARTMENT OF CIVIL SERVICE**

1300 Perdido St., New Orleans, LA 70112
APPLICATION OFFICE-BW04*MAIN OFFICE-7W03

SOCIAL SECURITY NUMBER _____

Fill in with typewriter or ink.
Be sure to complete all items accurately.

INSTRUCTIONS: When completed, this form should be filed with the Department of Civil Service together with your Application for Examination (CS-13). It will NOT be necessary for you to submit another Personal History Record, regardless of the number of examinations you may take from time to time. When making application for future examinations, however, it will be necessary to file a Supplementary Data form (CS-2) with any information not previously included.

1. PLEASE PRINT NAME (last) (first) (middle/maiden)	3. PHONE
2. ADDRESS (number and street) (apartment)	4. DATE OF BIRTH
(city) (state) (zip)	

FOR STATISTICAL PURPOSES ONLY

5. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	6. RACE <input type="checkbox"/> American Indian <input type="checkbox"/> Asian	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Other
7. Are you a U.S. citizen? Yes _____ No _____ If "no", do you possess a current work visa? Yes _____ No _____		8. Are you a qualified voter of the City of New Orleans? Yes _____ No _____	
9. Have you ever been convicted of any offenses other than minor traffic violations? Yes _____ No _____ If "yes", offense(s) _____ conviction date(s) _____			

10. EDUCATION AND TRAINING

Circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 12	Name and Address of School	Last year attended	High School diploma or G.E.D. received? Yes _____ No _____
Name of College or University	Location	Major: Minor: Degree:	Highest year completed 1 2 3 4
			Years Attended From _____ To _____
Graduate School	Location	Program of Study: Degree:	Semester Hours Credit
			Years Attended From _____ To _____
Business, Trade, Other School	Program of Study	Length of Program	% Completed
			Year Completed

11. List any special job-related skills that you have acquired which are not covered above:

12. List any special licenses which you hold:

13. Do you possess a valid Louisiana Driver's License? Yes _____ No _____ If "yes" what class? _____

14. AFTER HAVING READ and COMPLETED VETERAN PREFERENCE CLAIM form, do you claim Veteran's Preference? (Veteran Preference Claim form available from Room 1W14)

Yes _____ No _____
If "yes", which of the following is basis of eligibility?

Honorably discharged veteran _____	Un-remarried widow or widower of veteran _____
Disabled Veteran _____	Un-remarried widow, divorced, or separated parent of person who died or became totally disabled in active service _____
Spouse of disabled veteran _____	

15. List any special accommodations you may need for testing (e.g. sign language, interpreting, etc.):

16. EMPLOYMENT RECORD. Beginning with your most recent employment, list below your work experience. Attach additional sheets if necessary. Be specific and complete. IF JOB CONSISTED OF MORE THAN ONE MAJOR RESPONSIBILITY, PLEASE INDICATE WHAT PERCENTAGE (%) OF TIME WAS SPENT ON EACH RESPONSIBILITY. IF JOB INCLUDED SUPERVISORY RESPONSIBILITY, PLEASE INDICATE THE NUMBER AND TITLES OF EMPLOYEES SUPERVISED.

CURRENT OR MOST RECENT EMPLOYMENT

Company _____ Monthly Salary _____
 Address _____ Title _____
 Duties (See above instructions) _____ From _____
 _____ To _____
 _____ Fulltime _____ Part-time _____
 _____ If part-time, number of hours
 Name of immediate supervisor _____ per week _____
 Are you still employed? _____
 May we contact the company? _____

Company _____ Monthly Salary _____
 Address _____ Title _____
 Duties (See above instructions) _____ From _____
 _____ To _____
 _____ Fulltime _____ Part-time _____
 _____ If part-time, number of hours
 Name of immediate supervisor _____ per week _____

Company _____ Monthly Salary _____
 Address _____ Title _____
 Duties (See above instructions) _____ From _____
 _____ To _____
 _____ Fulltime _____ Part-time _____
 _____ If part-time, number of hours
 Name of immediate supervisor _____ per week _____

Company _____ Monthly Salary _____
 Address _____ Title _____
 Duties (See above instructions) _____ From _____
 _____ To _____
 _____ Fulltime _____ Part-time _____
 _____ If part-time, number of hours
 Name of immediate supervisor _____ per week _____

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 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.

IMPORTANT: Check to see that you have completed each item accurately. Your examination grade may depend upon the information you have given.

Signature _____

Date _____