CS-1 – PAGE 1 Revised 5-99, 10-04, 10-05, 3-12, 2-13

Be sure to complete all items accurately.

PERSONAL HISTORY FORM DEPARTMENT OF CITY CIVIL SERVICE 1340 POYDRAS STREET, SUITE 900 NEW ORLEANS, LOUISIANA 70112 APPLICATION OFFICE – SUITE 900

1. SOCIAL SECURITY NUMBER:
2. E-MAIL ADDRESS:

items accurately.	Phone: (504) 658-3500 - Fax: (50						
INSTRUCTIONS: A. Complete this form (both pages) and your Application for Examination				hem to the address above.			
B. It is NOT necessary to submit a separate <i>Personal History Form</i> with each application.							
	FORM WILL NOT BE COMPLET						
	SE PRINT. RESUMES WILL ALSO (First) (midd)			IIS FORM.			
(Last) 3. NAME	dle/maiden)	5. PHONE					
(Number &	Street)	(Apartment)	6. DATE OF BIR	TH (month/day/year)			
4. ADDRESS	,		()				
(City)	(State)	(Zip)					
7a. Are you a U.S. citizer	n? Yes No	8. Are you	a qualified voter of	the City of New Orleans?			
7b. If "no," do you possess a current work visa? Yes No No							
9a. Have you ever been o	convicted of any offenses other than i	minor traffic violatior	ns? Yes	No			
9b. If "yes," offense(s)			conviction dat	e(s)			
	10. EDUCA	TION AND TRAINI	NG				
Circle last grade complete	Last year	High School diploma or					
			attended	G.E.D. received?			
Yes No							
1 2 3 4 5 6 7 8 9 10 1 Name of College or Unive		Major:	Highest year	Years attended			
rume of conege of chive	Isity Zocation	Minor:	completed:	From:			
		Degree:		To:			
C l4- C-l1	T 4	D	C	\$7			
Graduate School	Location	Program of Study:	Semester Hours Credit:	Years attended From:			
		Degree:	Cicuit.	To:			
Business, Trade, Other So	chool 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:							
11. List any special job-re	erated skins that you have acquired v	winch are not covered	above:				
12. List any special licens	es which you hold:						
13. Do you possess a valid	d Louisiana driver's license? Yes	No If "yes":	what class?				
14. Do you wish to claim Veteran's Preference? If so, a DD-214 must be submitted.							
Yes No							
If "yes," which of the following is basis of eligibility?							
Honorably discharged veteran Unremarried widow or widower of veteran Disabled veteran Unremarried widow, divorced, or separated							
Spouse of disabled veteran parent of person who died or became totally disabled in active service							
15. List any special accommodations you may need for testing (e.g., sign language, interpreting, etc.)							
FOR STATISTICAL PURPOSES ONLY							
16. SEX Female 17. RACE/ American Indian Asian White							
ETHNICITY							
Male African-American Hispanic Other							

PAGE 2 - EMPLOYMENT RECORD. Beginning with your most recent job, list your work experience. Attach additional sheets if necessary. Be specific and complete. Most jobs have more than one major responsibility/duty. PLEASE INDICATE THE PERCENTAGE (%) OF TIME SPENT ON EACH DUTY. IF A JOB INCLUDED SUPERVISORY RESPONSIBILITY, PLEASE INDICATE THE NUMBER AND TITLES OF EMPLOYEES SUPERVISED. THIS FORM WILL NOT BE COMPLETE UNLESS SIGNED AND DATED AT THE BOTTOM OF THIS PAGE.

CURRENT OR MOST RECENT EMPLOYMENT					
Company	Monthly Salary				
Address	Title				
Duties: (See above instructions.)					
	(month) (year)				
	To				
	Full-timePart-time				
Did you supervise others?					
Name of your immediate supervisor per week					
May we contact the company?	Are you still employed?				
NEXT MOST RECENT EMPLOYMENT					
Company	Monthly Salary				
Address					
Duties: (See above instructions.)					
	(month) (year)				
	To				
	Full-timePart-time				
Did you supervise others?	If part-time, number of hours				
Name of your immediate supervisor	per week				
May we contact the company?	Are you still employed?				
NEXT MOST RECENT EMPLOYMENT					
Company	Monthly Salary				
Address_					
Duties: (See above instructions.)					
Zaucsi (cot aco i monatorio),	(month) (year)				
	To				
	Full time Dort time				
Did you supervise others?	If part-time, number of hours				
Name of your immediate supervisor	per week				
May we contact the company?	Are you still employed?				
IMPORTANT: Check to see that you have completed each item accurately. Your grade may depend on the information you give.					
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 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:					