

# APPLICATION FOR EXAMINATION

**DEPARTMENT OF CITY CIVIL SERVICE**  
 AMOCO BUILDING 1340 POYDRAS STREET, SUITE 900  
 NEW ORLEANS, LOUISIANA 70112  
**PLEASE PRINT**

I am applying for the position of (list below):  
 \_\_\_\_\_

\_\_\_\_\_  
 Name: Last                                      First                                      Middle/Maiden                                      Social Security Number

\_\_\_\_\_  
 Address: Number & Street                                      Apartment                                      Home Phone/Business Phone

\_\_\_\_\_  
 City                                      State                                      Zip Code                                      Birthdate

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**e-mail address:** \_\_\_\_\_ Yes No

Are you currently employed by the City of New Orleans?

If yes, what is your official class (job) title (list below):  
 \_\_\_\_\_

Have you ever applied under another name (maiden, etc.)?

If yes, please write name here \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Applicants should attach a Personal History, Record (CS-1), or, if they have filed an application previously, and have gained additional experience and/or education, they should attach a Supplementary Personal History (CS-2) and any other documents required for this exam.

### VETERAN'S PREFERENCE

Certain veterans and wives, widows, and mothers of veterans are entitled to preference on examinations. See the reverse side of the Examination Announcement and the Veteran Preference Claim form for details.

Application: Accepted   
 Rejected  Reason: \_\_\_\_\_

Voter's Reg. \_\_\_\_\_  
 Vet. Status: 5pt.  10pt.  ineligible   
 Type of Reg. \_\_\_\_\_

	RAW SCORE	% EQUIV.	WEIGHT	WTD. SCORE
Written Test				
Oral Test				
Rating of Train/Exp.				
Performance Test				
Agility Test				
Vets Credit				
<b>TOTAL</b>				
<b>RANK</b>				

"The City of New Orleans is an equal opportunity employer and does not discriminate on the basis of race, color, religion, national origin, gender, age, physical or mental disability, sexual orientation, creed, culture, or ancestry. Requests for alternate format or accommodations should be directed to Doddie Smith, (504) 658-3516 or TTY/Voice (504) 586-4475."

### CIVIL SERVICE USE ONLY

High School Diploma:  
 School \_\_\_\_\_

Date \_\_\_\_\_

Sign \_\_\_\_\_

Critical Score =