CS-13 Rev 1-79, 7-81 5-98 and 10-04

## **APPLICATION FOR EXAMINATION**

## DEPARTMENT OF CITY CIVIL SERVICE

CITY HALL 1300 PERDIDO STREET-NEW ORLEANS 70112 APPLICATION OFFICE 7W03 – MAIN OFFICE – ROOM 7W03

## PLEASE PRINT

I am applying for the position(s) below (check box):
8458/0705
CHIEF of AUDIT & REVIEW (INPECTOR GENERAL)

| Name: Last  |  | First  |   | Middle/Ma         | niden Social Security Number   |
|---|--|--|---|-------------------|--|
| Address: Number & Street  |  |  |   | Apartment         | Home Phone/Business Phone  |
| City  |  |  | State   | Zip Code          | Birthdate  |
| Your Signatu  | re                                       |  |   |                   | Today's Date   |
| e-mail address:  Are you currently employed by the City of New Orleans? |  |  |   | _ Yes No          | VETERAN'S PREFERENCE   |
| If yes, what is your official class (job) title (list below):           |  |  |   |                   | Certain veterans and wives, widows, and mothers of veterans are entitled to preference on examinations. See the reverse side of the  |
| Have you ever applied under another name (maiden, etc.)?                |  |  |   |                   | Examination Announcement and the Veteran Preference Claim form for details.  |
| If yes, please write name here DO NOT WRITE BELOW THIS LINE             |  |  |   |                   |  |
| previously, and   | ld attach a Personal<br>have gained addi | History, Record (Continuational experience a | S-1), or, if they have and/or education, the numents required for the | y should attach a |  |
| Application: Accepted  Rejected Reason:                                 |  |  |   | Voter's Reg       |  |
| Written   | RAW<br>SCORE                             | %<br>EQUIV.                                  | WEIGHT  | WTD.<br>SCORE     | "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) 658-2059. |
| Test Oral Test Rating of Train/Exp.                                     |  |  |   |                   |  |
| Performance<br>Test   |  |  |   |                   | CIVIL SERVICE USE ONLY   |
| Agility<br>Test   |  |  |   |                   | Bachelor's Degree:   |
| Vets  |  |  |   |                   | School:  |
| Credit  |  |  |   |                   | Date:  |
|   |  |  |   |                   |  |
| Credit  |  |  |   |                   |  |
| Credit<br>TOTAL   |  |  |   |                   | Driv. Lic. #:State/Exp   |