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

APPLICATION FOR EXAMINATION

DEPARTMENT OF CITY CIVIL SERVICECITY 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): 8142/0712

CHIEF of CRIMINAL INVESTIGATIONS (IG)

Name: Last F		First		Middle/Ma	iden Social Security Number	
Address: Number & Street				Apartment	Home Phone/Business Phone	
City			State	Zip Code	Birthdate	
Your Signatur	re				Today's Date	
e-mail addr				Yes No	• •	
Are you currently employed by the City of New Orleans?					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 Examination Announcement and the Veteran	
Have you ever applied under another name (maiden, etc.)?					Preference Claim form for details.	
If yes, please	write name here	OT WRITE BELO	W THE LINE			
previously, and	have gained addit	ional experience a	S-1), or, if they have and/or education, the numents required for the	ey should attach a	Voter's Reg	
Rejected Reason:				Type of Reg.		
Written	RAW SCORE	% EQUIV.	WEIGHT	WTD. SCORE	"The City of New Orleans is an equal opportunity employer and does not	
Test					discriminate on the basis of race, color religion, national origin, gender, age, physica	
Oral					or mental disability, sexual orientation, creed culture, or ancestry. Requests for alternat format or accommodations should be directed to Doddie Smith, (504) 658-3516 of TTY/Voice (504) 658-2059. CIVIL SERVICE USE ONLY	
Test Rating of Train/Exp.						
Performance Test						
Agility Test					Bachelor's Degree:	
Vets Credit					School:	
TOTAL						
					Date:	
RANK					Driv. Lic. #:	
					State/Exp	
Critic	eal Score =					