CS-13
Rev 1-79, 7-81
5-98 and 12-04

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 of (list below):

EMERGENCY MANAGEMENT SERVICES COORDINATOR
8472/8115

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:_____

Are you currently employed by the City of New Orleans? Yes ☐ No ☐

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.

Application: Accepted ☐
Rejected ☐ Reason:_____

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.

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				
TOTAL				
RANK				

Critical 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) 568-4475."

CIVIL SERVICE USE ONLY

Driver's License:

St & Lic#:_____

Class:_____Exp. Date:_____

High School Diploma:

School:_____

Date:_____

Sign: _____