

17. EDUCATION / TRAINING

Circle the last grade of school you completed.

Grade School 1 2 3 4 5 6 7 8 High School 9 10 11 12 GED

List your education since high school including colleges, business, trade, correspondence, and military service schools. Please provide copy of diploma or certificate.

COLLEGES, UNIVERSITIES, AND JUNIOR COLLEGES ATTENDED

NAME AND LOCATION	Date Attended		Credit Hours	Major Course	Degree and Year
	From	To			

BUSINESS, TRADE, MILITARY, OR OTHER CORRESPONDENCE SCHOOLS ATTENDED

NAME AND LOCATION	Date Attended		Courses Completed	Date of Diploma or Certificate
	From	To		

18. ACTIVE MILITARY SERVICE / VETERANS PREFERENCE

Five-points veteran's preference is given to veterans who receive passing scores and were honorably discharged from the U. S. Armed Forces. Ten points is given to disabled veterans with one or more service connected disabilities after presenting proof of service connected disabilities, and receiving a passing score on examination.

EDUCATION / TRAINING

MILITARY SERVICE

Branch of Service (Army, Navy, etc.)	Rank at Time of Separation	Type of Discharge (Honorable, Gen., Dishonorable)
Date Entered Active Duty	Date Separated From Active Duty RETIRED YES <input type="checkbox"/> NO <input type="checkbox"/>	Military Occupational Specialty

Are you an honorably discharged (service connected) disabled veteran? Yes No

19. EXPERIENCE: Begin with your present or latest position and work backwards. Account for all periods of employment. Give your duties and responsibilities in such detail as to make your qualifications clear.

STUDY THE FOLLOWING EXAMPLE:

Place: Frankfort, KY. 09910

From: Oct., 19 64 to July, 19 69
Month Yr. Month Yr.

Commonwealth of Kentucky

Name of Employer
Finance Bldg., Auditor's Office. P. O. Box 10

Address:
Public Service

Kind of Business or Organization
Yes

Was this a Supervisory Position
A. C. Cole Asst. State Auditor

Name and Title of Your Immediate Supervisor
To Enter Army

Reason for Leaving

Exact Title of Your Position: Senior Auditor

Salary: Starting, \$ 910.00 per month Final, \$ 1099.00

Duties and Responsibilities: Made field audits of accounts of state departments or political subdivisions or of persons and business firms subject to taxation or regulation by the State. Made assignments and reviewed the work of assistants; prepared reports in connection with audits made; gave instructions and direction to public officials in connection with approved methods of accounting for public funds. Occasionally testified in courts on matters involving audits completed.

1) PRESENT OR LAST POSITION

Place _____
City State Zip Code

From _____, _____, to _____, _____
Month Yr. Month Yr.

Name of Employer _____

Address of Employer _____

Kind of Business or Organization _____

Was this a Supervisory Position? _____

Name and Title of your Immediate Supervisor _____

Reason for Leaving _____

Exact Title of Your Position: _____

Salary: Starting, \$ _____ per _____ Final, \$ _____

Duties and Responsibilities: _____

2) NEXT PREVIOUS POSITION

Place _____
City State Zip Code

From _____, _____, to _____, _____
Month Yr. Month Yr.

Name of Employer _____

Address of Employer _____

Kind of Business or Organization _____

Was this a Supervisory Position? _____

Name and Title of your Immediate Supervisor _____

Reason for Leaving _____

Exact Title of Your Position: _____

Salary: Starting, \$ _____ per _____ Final, \$ _____

Duties and Responsibilities: _____

3) NEXT PREVIOUS POSITION

Place _____
City State Zip Code

From _____, _____, to _____, _____
Month Yr. Month Yr.

Name of Employer _____

Address of Employer _____

Kind of Business or Organization _____

Was this a Supervisory Position? _____

Name and Title of your Immediate Supervisor _____

Reason for Leaving _____

Exact Title of Your Position: _____

Salary: Starting, \$ _____ per _____ Final, \$ _____

Duties and Responsibilities: _____

4) NEXT PREVIOUS POSITION

Exact Title of Your Position: _____

Place _____
 City State Zip Code

Salary: Starting, \$ _____ per _____ Final, \$ _____

From _____, _____, to _____, _____
 Month Yr. Month Yr.

Duties and Responsibilities: _____

Name of Employer _____

Address of Employer _____

Kind of Business or Organization _____

Was this a Supervisory Position? _____

Name and Title of your Immediate Supervisor _____

Reason for Leaving _____

20. List three persons not related to you who have definite knowledge of your qualifications and skills for the position for which you are applying.

REFERENCES

FULL NAME	MAILING ADDRESS & PHONE #	BUSINESS OR OCCUPATION

21. (12)

REMARKS

(16)

AUTHORITY TO RELEASE INFORMATION

I consent to the release of information concerning my job capacity and fitness by employers, educational institutions, law enforcement agencies, hospitals, and other agencies to accredited personnel technicians and other authorized employees of the City of Opelousas for the purpose of investigation as prescribed by law.

If appointed to a position, I consent to the pre-employment drug testing as part of my physical examination and I also consent to a background verification and is conditional to my passing the physical, drug test and background verification.

I certify that all statements made in this application are true, complete and correct to the best of my knowledge. I realize that any misrepresentation herein may cause my application to be rejected, my name removed from the eligible list, or I may be subject to dismissal from the employ of the City of Opelousas.

Signature	Date
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