



A conviction will not necessarily disqualify you from the job for which you are applying. A conviction will be judged on its own merits with respect to time, circumstances and seriousness.

Explanation.

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Attach additional pages if necessary.

### TRAINING/EDUCATION

#### HIGH SCHOOL

Diploma or Equivalency Certificate

Date Received: \_\_\_\_\_

Name of School and address issuing diploma or of state department of education issuing GED or equivalency certificate

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I did not graduate, but completed grade: \_\_\_\_\_

#### COLLEGE

Name of College or University/Location \_\_\_\_\_

Years Attended \_\_\_\_\_

Credit Hours Earned \_\_\_\_\_

Degree(s) Received \_\_\_\_\_

Date of degree \_\_\_\_\_

Major \_\_\_\_\_

**OTHER FORMAL TRAINING**  
 (Business, Trade, Military, Etc., Classes or Seminars)  
 (ATTACH ADDITIONAL PAGES IF NECESSARY)

Title of Instruction or Class	Location	Dates Attended	Did you Graduate?	No. of Hours
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**SPECIAL QUALIFYING EXPERIENCE, CERTIFICATIONS, OR LICENSES**  
 (ATTACH ADDITIONAL PAGES IF NECESSARY)

Please list below any professional licenses or certifications that are relevant to the job for which you are applying.

Name of License/ Type of Certification	Location	Date Acquired	Expiration Date	Restrictions
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any special course work, training, or experience which may be beneficial in the job.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WORK EXPERIENCE

#### *Instructions for Completing Section on work experience*

Start with your present or most recent position and work back, including any military experience. List each position separate if you were promoted or your duties changed materially while working for the same employer. For volunteer experience disregard the reference to salary. It is to your advantage to completely describe your duties in each position, placing particular emphasis on duties, tasks performed, and responsibility. Attach additional pages, if necessary.

#### **Name and complete address of employer**

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Type Business: \_\_\_\_\_

Title of your position: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Was this full-time employment:  Yes  No Avg. No. of hours worked per week: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Number/Title(s) of employees you supervised: \_\_\_\_\_

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Describe your duties in detail (use separate sheet, if necessary)

#### **Name and complete address of employer**

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Type Business: \_\_\_\_\_

Title of your position: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Was this full-time employment:  Yes  No Avg. No. of hours worked per week: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Number/Title(s) of employees you supervised: \_\_\_\_\_

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Describe your duties in detail (use separate sheet, if necessary)

**Name and complete address of employer**

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Type Business: \_\_\_\_\_

Title of your position: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Was this full-time employment:  Yes  No Avg. No. of hours worked per week: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name and title of immediate supervisor: \_\_\_\_\_

Number/Title(s) of employees you supervised: \_\_\_\_\_

Describe your duties in detail (use separate sheet, if necessary)

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**SPECIAL INSTRUCTIONS FOR DOCUMENTATION YOU MUST ATTACH**

In accordance with civil service law you must be a citizen of the United States, and of legal age. In addition to these requirements, the Denham Springs Municipal Fire and Police Civil Service Board has adopted its own qualification requirements for each of its competitive classes. Therefore, you must attach the necessary documentation to verify that you meet all the requirements of the civil service board. You must attach a copy of the following documents:

- **Proof that you are a citizen of the United States (Original Birth Certificate, Voter's Registration Card, US Passport, or Certificate of Naturalization)**
- **Proof that you meet the age requirement of the civil service board (Birth Certificate, Driver's License, Selective Service Card)**
- **Proof of high school diploma or equivalent.**
- **Proof that you have a valid driver's license**
- **Copy of Social Security Card**
- **Copy of Civil Service score letter**

**AUTHORITY FOR RELEASE OF INFORMATION**

I have completed this application with the knowledge and understanding that any or all items contained herein may be subject to investigation prescribed by law, and I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, civil service board members and other authorized employees of government for that purpose.

I certify that the answers I have given to all questions in this application are true to the best of my knowledge. I know that any misrepresentation herein may cause my application to be rejected, my name removed from the eligible list and/or may subject me to dismissal from employment.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_