

SF10 (Page 1) REV. 1/97	STATE PRE-EMPLOYMENT APPLICATION	STATE OF LOUISIANA DEPARTMENT OF CIVIL SERVICE P.O. Box 94111, Capitol Station Baton Rouge, Louisiana 70804-9111				FOR OFFICE USE									
1. TEST LOCATION-Check only one.		AN EQUAL OPPORTUNITY EMPLOYER				Special _____									
Baton Rouge (3) (Weekday) <input type="checkbox"/>	New Orleans (6) (Weekday) <input type="checkbox"/>	Lafayette (4) (Sat. only) <input type="checkbox"/>	Shreveport (7) (Sat. only) <input type="checkbox"/>		Promo _____										
		New Orleans (12) (Saturday) <input type="checkbox"/>	Lake Charles (5) (Sat. only) <input type="checkbox"/>	West Monroe (8) (Sat. only) <input type="checkbox"/>		Action(s) _____									
					Session _____										
					Data Entry Completed _____										
2. Enter Name and Complete Address below		3. Parish of Residence		4. Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Other names ever used on SF-10									
NAME - First _____ Middle _____ Last _____					6. Social Security Number										
Mailing Address _____					_____										
City _____ State _____ Zip Code _____					Work Telephone No. _____										
					Home Telephone No. _____										
7. REGISTER TITLE(S) APPLIED FOR		FOR OFFICE USE				ADDITIONAL TITLES			FOR OFFICE USE			LAST FIRST MIDDLE			
		SER	CD	REJ	GRD	TR				SER	CD		REJ	GRD	TR
															IS No.
															V.P.
															S.R.
ALL TITLES LISTED ABOVE MUST HAVE THE SAME SERIES NO.															
8. JOB LOCATION AVAILABILITY - IMPORTANT: Read Item 9 on the Instruction Page before completing this item. Mark at least one (1), but no more than twenty (20) parishes.															
<input type="checkbox"/> 01 Acadia	<input type="checkbox"/> 09 Caddo	<input type="checkbox"/> 17 E. Baton Rouge	<input type="checkbox"/> 25 Jackson	<input type="checkbox"/> 33 Madison	<input type="checkbox"/> 41 Red River	<input type="checkbox"/> 49 St. Landry	<input type="checkbox"/> 57 Vermillion								
<input type="checkbox"/> 02 Allen	<input type="checkbox"/> 10 Calcasieu	<input type="checkbox"/> 18 E. Carroll	<input type="checkbox"/> 26 Jefferson	<input type="checkbox"/> 34 Morehouse	<input type="checkbox"/> 42 Richland	<input type="checkbox"/> 50 St. Martin	<input type="checkbox"/> 58 Vernon								
<input type="checkbox"/> 03 Ascension	<input type="checkbox"/> 11 Caldwell	<input type="checkbox"/> 19 E. Feliciana	<input type="checkbox"/> 27 Jeff Davis	<input type="checkbox"/> 35 Natchitoches	<input type="checkbox"/> 43 Sabine	<input type="checkbox"/> 51 St. Mary	<input type="checkbox"/> 59 Washington								
<input type="checkbox"/> 04 Assumption	<input type="checkbox"/> 12 Cameron	<input type="checkbox"/> 20 Evangeline	<input type="checkbox"/> 28 Lafayette	<input type="checkbox"/> 36 Orleans	<input type="checkbox"/> 44 St. Bernard	<input type="checkbox"/> 52 St. Tammany	<input type="checkbox"/> 60 Webster								
<input type="checkbox"/> 05 Avoyelles	<input type="checkbox"/> 13 Catahoula	<input type="checkbox"/> 21 Franklin	<input type="checkbox"/> 29 Lafourche	<input type="checkbox"/> 37 Ouachita	<input type="checkbox"/> 45 St. Charles	<input type="checkbox"/> 53 Tangipahoa	<input type="checkbox"/> 61 W. Baton Rouge								
<input type="checkbox"/> 06 Beauregard	<input type="checkbox"/> 14 Claiborne	<input type="checkbox"/> 22 Grant	<input type="checkbox"/> 30 LaSalle	<input type="checkbox"/> 38 Plaquemines	<input type="checkbox"/> 46 St. Helena	<input type="checkbox"/> 54 Tensas	<input type="checkbox"/> 62 W. Carroll								
<input type="checkbox"/> 07 Bienville	<input type="checkbox"/> 15 Concordia	<input type="checkbox"/> 23 Iberia	<input type="checkbox"/> 31 Lincoln	<input type="checkbox"/> 39 Pte. Coupee	<input type="checkbox"/> 47 St. James	<input type="checkbox"/> 55 Terrebonne	<input type="checkbox"/> 63 W. Feliciana								
<input type="checkbox"/> 08 Bossier	<input type="checkbox"/> 16 DeSoto	<input type="checkbox"/> 24 Iberville	<input type="checkbox"/> 32 Livingston	<input type="checkbox"/> 40 Rapides	<input type="checkbox"/> 48 St. John	<input type="checkbox"/> 56 Union	<input type="checkbox"/> 64 Winn								
9. <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary—Type of employment you will accept					I HAVE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION:										
NOTE: Most Temporary Appointments are 3 - 12 months										18. Date		Social Security No. (for verification)			
10. <input type="checkbox"/> YES <input type="checkbox"/> NO Do you possess a valid driver's license?					19. Signature of Applicant										
11. <input type="checkbox"/> YES <input type="checkbox"/> NO Do you possess a valid commercial driver's license?															
12. <input type="checkbox"/> YES <input type="checkbox"/> NO Are you currently holding or running for an elective public office?															
13. <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea?					AUTHORITY TO RELEASE INFORMATION: I consent to the release of information concerning my capacity and/or all aspects of prior job performance by employers, educational institutions, law enforcement agencies, and other individuals and agencies to duly accredited investigators, personnel technicians, and other authorized employees of the state government for the purpose of determining my eligibility and suitability for employment.										
14. <input type="checkbox"/> YES <input type="checkbox"/> NO Have you ever been fired from a job or resigned to avoid dismissal?															
NOTE: If answers to Items 13 and/or 14 are "YES", you MUST complete Item 24 on Page 2 of this application															
15. <input type="checkbox"/> YES <input type="checkbox"/> NO Are you claiming Veteran's Preference points on this application? (If "YES", see Item 20 on Page 2.)															
The following information is collected to complete Equal Opportunity Reports required by law. You ARE NOT LEGALLY OBLIGATED to provide this information.															
16. RACIAL/ETHNIC GROUP				16A. DATE OF BIRTH			17. SEX								
							<input type="checkbox"/> Male <input type="checkbox"/> Female								
I certify that all statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification and that any misrepresentation or material omission may cause my application to be rejected, my name to be removed from the eligible register and/or subject me to dismissal from state service.															

20. ACTIVE MILITARY SERVICE/VETERAN'S PREFERENCE
 See Item 10 on the Instruction Page to determine your eligibility for Veteran's Preference. If you are a first-time applicant, or if you are claiming Veteran's Preference for the first time, required PROOF MUST BE ATTACHED to this application to have preference points added to your score.

List the dates (month and year) and branch for all ACTIVE DUTY military service. Was this service performed on an active, full-time basis with full pay and allowances? (Check YES or NO for each period of service.)

FROM	TO	BRANCH OF SERVICE	YES	NO

List all GRADES held and dates of each grade. Begin with the highest grade. IMPORTANT: Use E-, O-, or WO-grade.

FROM	TO	GRADE HELD	FROM	TO	GRADE HELD

21. TRAINING AND EDUCATION YES Date received _____

Have you received a high school diploma or equivalency certificate? NO Highest grade completed _____

A. LIST BUSINESS OR TECHNICAL COLLEGES ATTENDED	NAME/LOCATION OF SCHOOL	Dates Attended (Month & Year)		Did You Graduate?		TITLE OF PROGRAM	CLOCK HOURS PER WEEK
		FROM	TO	YES	NO		

List any accounting practice sets completed:

B. LIST COLLEGES OR UNIVERSITIES ATTENDED (Include graduate or professional schools)	NAME OF COLLEGE OR UNIVERSITY/ CITY AND STATE	Dates Attended (Month & Year)		Total Credit Hours Earned		Type of Degree Earned	Major Field of Study	Date Degree Received (Month & Yr.)
		FROM	TO	Semester	Quarter			

C. MAJOR SUBJECTS	CHIEF UNDERGRADUATE SUBJECTS (Show Major on Line 1.)	Total Credit Hours Earned		CHIEF GRADUATE SUBJECTS (Show Major on Line 1.)	Total Credit Hours Earned Semester or Qtr.
		Semester	Quarter		
1					
2					
3					

22. LICENSES AND CERTIFICATION **23. TYPING SPEED**

List any job-related licenses or certificates that you have (CPA, lawyer, registered nurse, etc.)					WPM
TYPE OF LICENSE OR CERTIFICATE (Specify Which One)	DATE ORIGINALLY LICENSED/ CERTIFIED	EXPIRATION DATE	NAME AND ADDRESS OF LICENSING OR CERTIFYING AGENCY	DICTATION SPEED	
1					WPM
2					

24. Explain a "YES" answer to Items 13 and/or 14 here. A "YES" ANSWER WILL NOT NECESSARILY BAR YOU FROM STATE EMPLOYMENT. WE WILL CONSIDER THE DATE, FACTS, AND CIRCUMSTANCES OF EACH INDIVIDUAL CASE. For Item 13, give the law enforcement authority (city police, sheriff, FBI, etc.), the offense, date of offense, place, and disposition of case.

Name _____

Name

25. WORK EXPERIENCE — IMPORTANT: Read Item 11 of Instruction Page carefully before completing these items. List all jobs and activities including military service, part-time employment, self-employment, and volunteer work. BEGIN with your FIRST job in Block A; END with your MOST RECENT or PRESENT job.

A	EMPLOYER/COMPANY NAME		KIND OF BUSINESS	
STREET ADDRESS			YOUR OFFICIAL JOB TITLE	
CITY AND STATE			BEGINNING SALARY	ENDING SALARY
DATES OF EMPLOYMENT (MO/DA/YR)		AVERAGE HOURS WORKED PER WEEK	REASON FOR LEAVING	NO. OF EMPLOYEES YOU DIRECTLY SUPERVISED
FROM		TO		
NAME/TITLE OF YOUR SUPERVISOR)			LIST JOB TITLES OF EMPLOYEES YOU DIRECTLY SUPERVISED	
NAME/TITLE OF PERSON WHO CAN VERIFY THIS EMPLOYMENT (IF OTHER THAN SUPERVISOR)				

DUTIES: List the major duties involved with job and give an approximate percentage of time spent on each duty.

% OF TIME	MAJOR DUTIES
100%	

B	EMPLOYER/COMPANY NAME		KIND OF BUSINESS	
STREET ADDRESS			YOUR OFFICIAL JOB TITLE	
CITY AND STATE			BEGINNING SALARY	ENDING SALARY
DATES OF EMPLOYMENT (MO/DA/YR)		AVERAGE HOURS WORKED PER WEEK	REASON FOR LEAVING	NO. OF EMPLOYEES YOU DIRECTLY SUPERVISED
FROM		TO		
NAME/TITLE OF YOUR SUPERVISOR)			LIST JOB TITLES OF EMPLOYEES YOU DIRECTLY SUPERVISED	
NAME/TITLE OF PERSON WHO CAN VERIFY THIS EMPLOYMENT (IF OTHER THAN SUPERVISOR)				

DUTIES: List the major duties involved with job and give an approximate percentage of time spent on each duty.

% OF TIME	MAJOR DUTIES
100%	

USE REVERSE SIDE OF THIS PAGE IF ADDITIONAL SPACE REQUIRED FOR WORK EXPERIENCE

Name _____

25. WORK EXPERIENCE (Continued)

C	EMPLOYER/COMPANY NAME		KIND OF BUSINESS	
	STREET ADDRESS		YOUR OFFICIAL JOB TITLE	
CITY AND STATE		BEGINNING SALARY	ENDING SALARY	
DATES OF EMPLOYMENT (MO/DA/YR)		AVERAGE HOURS WORKED PER WEEK	REASON FOR LEAVING	NO. OF EMPLOYEES YOU DIRECTLY SUPERVISED
FROM	TO			
NAME/TITLE OF YOUR SUPERVISOR		LIST JOB TITLES OF EMPLOYEES YOU DIRECTLY SUPERVISED		
NAME/TITLE OF PERSON WHO CAN VERIFY THIS EMPLOYMENT (IF OTHER THAN SUPERVISOR)				

DUTIES: List the major duties involved with job and give an approximate percentage of time spent on each duty.

% OF TIME	MAJOR DUTIES

100%

D	EMPLOYER/COMPANY NAME		KIND OF BUSINESS	
	STREET ADDRESS		YOUR OFFICIAL JOB TITLE	
CITY AND STATE		BEGINNING SALARY	ENDING SALARY	
DATES OF EMPLOYMENT (MO/DA/YR)		AVERAGE HOURS WORKED PER WEEK	REASON FOR LEAVING	NO. OF EMPLOYEES YOU DIRECTLY SUPERVISED
FROM	TO			
NAME/TITLE OF YOUR SUPERVISOR		LIST JOB TITLES OF EMPLOYEES YOU DIRECTLY SUPERVISED		
NAME/TITLE OF PERSON WHO CAN VERIFY THIS EMPLOYMENT (IF OTHER THAN SUPERVISOR)				

DUTIES: List the major duties involved with job and give an approximate percentage of time spent on each duty.

% OF TIME	MAJOR DUTIES

100%

DID YOU REMEMBER TO: (1) Sign and date application? (2) Include your Social Security Number and Zip Code? (3) Make a copy for your records?