

**INSTRUCTIONS:**

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1. DO NOT SUBMIT A RESUME INSTEAD OF THIS APPLICATION.  
Do not attach resumes, performance appraisals, or service ratings to your application. Present these only if requested.
2. TYPE OR PRINT CLEARLY.
3. If you need more space for an answer, you may attach extra sheets. Use 8-1/2" x 11" paper and make sure that your name and Social Security Number are on each extra sheet.
4. If you do not answer all of the questions completely, or fail to submit supplemental documents, your application may be rejected or delayed several weeks and you could potentially miss job opportunities.

A COPY OF YOUR VOTER REGISTRATION CARD SUBMITTED WITH YOUR APPLICATION IS AN ESSENTIAL PIECE OF INFORMATION. APPLICATIONS WITHOUT THIS INFORMATION CANNOT BE PROCESSED.

If the position for which you are applying requires a high school diploma or equivalent, or any certifications, verification must be submitted with this application.

If you furnish an email address, please note that it may be used for notification purposes in lieu of notice being sent by postage mail.

5. To claim military preference, attach a copy of your DD-214 showing that you were honorably discharged from service. Claiming military preference adds five points to your Civil Service test score provided that a passing score is attained.
6. This application is used to determine whether you qualify for the job(s) for which you have applied. Your education and experience must clearly show that you meet the minimum qualifications established for the job(s). Call the Personnel Department if you need information on minimum qualifications. Attach extra sheets if needed. DO NOT LEAVE OUT ANY WORK EXPERIENCE.
7. If you require special testing procedures or accommodations, you may attach a description of the type of accommodations needed to the front of your application.
8. Your application will be valid on file for up to one year or until the next testing takes place for the applied position, whichever comes first.

**DETACH THIS PAGE**

# City of New Iberia

State of Louisiana

PERSONNEL DEPARTMENT

457 E. Main Street, Room 203 • New Iberia, Louisiana 70560-3700

***An Equal Opportunity Employer***

Please print or type your answer in the proper blanks.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET OR P.O. BOX) (CITY) (STATE) (ZIP CODE)

HOME TELEPHONE: \_\_\_\_\_ OTHER TELEPHONE: \_\_\_\_\_

ARE YOU A U.S. CITIZEN:  YES  NO ARE YOU 18 YRS. OR OLDER?  YES  NO

<p><b>DRIVER'S LICENSE:</b></p> <p>DO YOU POSSESS A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>DO YOU POSSESS A VALID COMMERCIAL DRIVER'S LICENSE WITH AIR BRAKE ENDORSEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>CLASS ____ NUMBER _____ STATE _____</p>	<p>EMAIL: _____                  @ _____</p> <p>(I certify that this is my personal email address and I understand that it can be used for notification purposes in lieu of by postage mail.)</p> <p>SIGNATURE: _____</p>
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JOB TITLE(S) APPLIED FOR:	LOWEST ACCEPTABLE SALARY:	WHEN AVAILABLE TO START WORK:
TYPE OF EMPLOYMENT YOU WILL ACCEPT: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME/TEMPORARY	MAY WE INQUIRE WITH YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

E D U C A T I O N	ARE YOU A HIGH SCHOOL GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
	HIGH SCHOOL _____ ADDRESS _____						
	Schools attended other than High School	Location	Courses or Major Study	CREDITS COMPLETED		Degrees or Certificates Received	
				Semester Hours	Quarter Hours	None	Type

T R A I N I N G	Other training received (For example: special courses, training programs, armed forces training). Please estimate the number of training hours.

<b>WORK EXPERIENCE</b>
Start with your present or last job and work back. Include paid or unpaid, full or part-time, military, summer jobs, etc.. Note: We may contact any previous supervisors to verify your description of past duties.

From _____ <small>(Date)</small>	Employer _____ <small>(Name)</small>	Salary
To _____ <small>(Date)</small>	_____ <small>(Address)</small>	\$ _____ <small>(Starting)</small>
Hrs. / Week _____	_____ <small>(Your Position)</small>	\$ _____ <small>(Ending)</small>
_____ <small>(Immediate Supervisor)</small> _____ <small>(Telephone)</small>		

Duties:	Reason for leaving:

From _____ <small>(Date)</small>	Employer _____ <small>(Name)</small>	Salary
To _____ <small>(Date)</small>	_____ <small>(Address)</small>	\$ _____ <small>(Starting)</small>
Hrs. / Week _____	_____ <small>(Your Position)</small>	\$ _____ <small>(Ending)</small>
_____ <small>(Immediate Supervisor)</small> _____ <small>(Telephone)</small>		

Duties:	Reason for leaving:

From _____ <small>(Date)</small>	Employer _____ <small>(Name)</small>	Salary
To _____ <small>(Date)</small>	_____ <small>(Address)</small>	\$ _____ <small>(Starting)</small>
Hrs. / Week _____	_____ <small>(Your Position)</small>	\$ _____ <small>(Ending)</small>
_____ <small>(Immediate Supervisor)</small> _____ <small>(Telephone)</small>		

Duties:	Reason for leaving:

**WORK EXPERIENCE CONT'D.**

From _____ (Date)	Employer _____ (Name)	Salary
To _____ (Date)	_____ (Address)	\$ _____ (Starting)
Hrs. / Week _____	_____ (Your Position)	\$ _____ (Ending)
_____ (Immediate Supervisor)		_____ (Telephone)

Duties:	Reason for leaving:

From _____ (Date)	Employer _____ (Name)	Salary
To _____ (Date)	_____ (Address)	\$ _____ (Starting)
Hrs. / Week _____	_____ (Your Position)	\$ _____ (Ending)
_____ (Immediate Supervisor)		_____ (Telephone)

Duties:	Reason for leaving:

From _____ (Date)	Employer _____ (Name)	Salary
To _____ (Date)	_____ (Address)	\$ _____ (Starting)
Hrs. / Week _____	_____ (Your Position)	\$ _____ (Ending)
_____ (Immediate Supervisor)		_____ (Telephone)

Duties:	Reason for leaving:

**Explain any gaps in employment:**


O T H E R  I N F O R M A T I O N	<b>If you answer “yes” to any of the following questions, explain in “additional remarks.”</b>		
		YES	NO
	• Have you ever been fired or asked to resign from a job within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
	• Have you ever been on probation or sentenced to jail/prison as a result of a felony conviction or guilty plea?	<input type="checkbox"/>	<input type="checkbox"/>
	• Have you ever been discharged from the armed forces under other than honorable conditions?	<input type="checkbox"/>	<input type="checkbox"/>
	• Are you working for or have you ever worked for the City of New Iberia?	<input type="checkbox"/>	<input type="checkbox"/>
	• Do you, or does your spouse, have any relatives working for or holding office in city government? City policy prohibits or limits hiring relatives of city employees or officials under certain circumstances. (If yes, list who and the relationship to that person under “additional remarks”.)	<input type="checkbox"/>	<input type="checkbox"/>
• Are you currently holding or running for an elected public office?	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Remarks:			

**READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION:**

THE CITY OF NEW IBERIA has a policy prohibiting the possession, distribution, use, consumption, or being under the influence of alcohol or illegal or unauthorized drugs or other unauthorized, controlled substances in order to provide a safe and healthy environment for employees, visitors and members of the general public. Therefore, those applicants selected for employment with the CITY OF NEW IBERIA may be required to submit to a drug or alcohol screen test and may be dropped from consideration of employment if the testing results indicate a detectable amount of illegal or unauthorized substances or an alcohol level at or above 0.04%.

Individuals who have been disqualified due to refusal/failure to submit or positive test results shall be ineligible to reapply for work with the CITY OF NEW IBERIA for a period of two years after having been dropped from consideration. Upon reapplication, those applicants having been disqualified due to positive test results must show proof of their completion of a reasonable drug and alcohol treatment or counseling program.

**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 municipal government for the purpose of determining my eligibility and suitability for employment.

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 municipal service.

I have read, or have had the information stated above read to me, and I understand it completely.

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

\_\_\_\_\_  
Date